

New Hampshire Academy of Performing Arts 2018 Winter Program Sessions

Student Name: _____ Birth Date: _____ Male or Female (circle)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

If new to the studio, how did you hear about us? _____

Please check session you wish to register for:

FIRST STEPS (ages 2.5-4) 5 week program session (\$75*)

Wednesdays 9:45-10:30 am (1/17, 1/24, 1/31, 2/7, 2/14)

Saturdays 12:15-1:00 pm (1/20, 1/27, 2/3, 2/10, 2/17)

JAZZ/TAP COMBO (ages 7-10) 5 week program session (\$90*)

Tuesdays 4:00-5:00 pm (1/16, 1/23, 1/30, 2/6, 2/13)

CONTEMPORARY/LYRICAL BASICS (ages 7-10) 5 week program session (\$75*)

Tuesdays 3:45-4:30 pm (1/16, 1/23, 1/30, 2/6, 2/13)

*Price when paying with cash or check. Please add \$5.00 when paying with a credit or debit card.

- Payments for program sessions are non-refundable (unless session cancelled by NHAPA)
- Class schedule/instructor subject to change. All classes require a minimum number of students and will be cancelled if minimum is not met.
- To pay by credit card, please complete the following information. Otherwise, please include a check to NHAPA for the full amount.

Credit Card Type (Circle one): MC VISA DISCOVER

Card# _____ Exp _____

Name on Card _____ Security Code _____

Zip Code _____ Total Charge: \$ _____

ADMISSION: I, the undersigned, release NHAPA, including instructors from any and all injuries which I may sustain while training, performing or during any activity. I also agree that I am responsible for health insurance and any medical cost due to injury. I give permission for emergency medical transportation and treatment, at my expense, if the need arises.

Signature: _____ Date: _____

Print Name: _____

NH Academy of Performing Arts
875 Lafayette Road, Seabrook, NH 03874