

New Hampshire Academy of Performing Arts
2016-17 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? _____

Session 3

___ First Steps (2.5-4 yrs.)	Wed. 9:45-10:30am	1/11, 1/18, 1/25, 2/1, 2/8	\$75*
___ Petite Dancers (5-6 yrs.)	Sat. 10:30-11:15am	1/14, 1/21, 1/28, 2/4, 2/11	\$75*

Session 4

___ First Steps (2.5-4 yrs.)	Wed. 9:45-10:30am	3/1, 3/8, 3/15, 3/22, 3/29	\$75*
___ Petite Dancers (5-6 yrs.)	Sat. 10:30-11:15am	3/4, 3/11, 3/18, 3/25, 4/1	\$75*

****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: _____

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