

Atlantic Coast Academy of Dance

Summer Application

Pre-Ballet Beginner 1 Wk Intensive 2 Wk Intensive 3 Wk Intensive 4 Wk Intensive

Student Full Name: _____

Mother's Name: _____ Father's Name: _____

Mailing Address: _____

Email Address: _____

Home Telephone # () _____ - _____ Cell phone # (mother's) () _____ - _____

Summer Telephone# () _____ - _____ Cell phone # (father's) () _____ - _____

Date of birth: ____/____/____ Age ____ Sex ____ Ballet level ____

Height ____ Weight ____

If you have studied at ACAD summer programs before, please specify the year(s): _____

Other ballet training (This section must be filled in by students not attending ACAD during the ballet school year.)

Please list your previous training first. Don't forget to include summer courses:

Name of School/Teacher(s) City, State From-To(Year), Ballet Classes/Week:

Briefly describe training in other dance forms, performing experience, awards, etc:

Payment due: _____ Select: Cash Check MC Visa Parent's Approval: X _____
Credit Card #: _____ - _____ - _____ Exp date: _____ CSV: _____

Checks payable to Atlantic Coast Academy of Dance

Send completed application with deposit to:
ACAD Summer Ballet Program, 87A Enterprise Road, Hyannis, Ma 02601