

GHDT

SUMMER INTENSIVE WORKSHOP

THE ACADEMY of
Gregory Hancock Dance Theatre

(Academy office) Paid _____

(Academy office) Date _____

SUMMER REGISTRATION FORM

Student's Name _____ Date of Birth _____ Age _____

Address _____ Home Phone () _____

City _____ State _____ Zip Code _____

Father/Guardian's Name _____ Cell Phone () _____

Place of Employment _____ Work Phone () _____

Email _____

Mother /Guardian's Name _____ Cell Phone () _____

Place of Employment _____ Work Phone () _____

Email _____

Emergency Contact _____ Phone () _____ Relationship to Student _____

Students will be separated by level, but all levels of intensives are 2 weeks.

WEEK 1 – JULY 9 – 13

WEEK 2 – JULY 16 – 20

Two (2) WEEKS \$500 _____

TOTAL TUITION DUE \$ _____

**Please include a AGHDT Liability Waiver (available on Academy webpage) with Registration Form
CHECKS ONLY FOR SUMMER INTENSIVE WORKSHOPS**

Mail to: AGHDT, 329 Gradle Dr, Carmel, IN 46032

All students not enrolled at AGHDT must inquire about Workshop Placement.