

# Atlantic Coast Academy of Dance

## Summer Application

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 Parent's Approval: \_\_\_\_\_

\_\_\_\_\_ \_\_\_MC \_\_\_Visa \_\_\_Discover X \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp date: \_\_\_\_\_

Checks payable to Atlantic Coast Academy of Dance

Send completed application with non-refundable deposit to:  
ACAD Summer Ballet Program, 49 John Maki Road, West Barnstable, Ma 02668

There will be no refunds on cancellations. Once a student enrolls they are taking the place of another potential student.  
Enrollment fee will only be returned for medical issues or injury with a doctor's letter.