

Terms, Conditions, and Refunds

Shreveport Dance Academy reserves the right to alter the advertised program and faculty as necessary.

Shreveport Dance Academy Inc. and faculty will not be responsible for any lost possessions, injuries or illness sustained by participants. Participants attending the event with pre-existing injury do so at their own risk.

Cancellations must be confirmed in writing as soon as possible. A tuition refund minus \$250.00 deposit and 15% will be given for cancellations received by July 1st. **NO** refund will be given or reservations received after July 1st.

If a cancellation is the result of a medical condition, however, and a doctor's certificate is provided, a tuition refund minus 10% administrative charge and \$250.00 deposit will be made. Refunds will be processed at the end of the program.

All photos and videos taken by Shreveport Dance Academy staff will be the sole property of SDA, and may be used for future promotional purposes.

Shreveport Dance Academy reserves the right to exclude or refuse any person at any time prior to or during the program if, in Shreveport Dance Academy's opinion, that person is incompatible with the general enjoyment and well-being of the event. In this instance, no refund will be given.

PLEASE REMEMBER THAT THIS WORKSHOP IS AN APPROVED SUMMER INTENSIVE FOR CONTRACT OBLIGATIONS WITH THE SHREVEPORT METROPOLITAN BALLET.

Please read and sign below:

I have read and agree with the terms and conditions outlined in this document and given permission as the parent/guardian of the child

named herein to participate in the Shreveport Dance Academy 2010 Summer Intensive Program.

Parent Signature: _____

Student Signature: _____

Application Form

Shreveport Dance Academy
2537 East 70th Street
Shreveport, Louisiana 71105
318-524-3003
shreveportdanceacademy.com

Please print clearly and include ALL information:

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age by July 15, 2010 _____

(minimum age 9) NO EXCEPTIONS

Parent/Guardian

Last Name _____ First Name _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email _____

Contact name and number for emergencies if different from above:

Please list any allergies, injuries, medical problems or special needs on a separate sheet and submit with application.

Fees

Intermediate Intensive	\$500.00	Two Weeks
	\$400.00	One Week

Advanced I & II Intensives	\$550.00	Two Weeks
	\$450.00	One Week

Classes can also be paid per class at a rate of \$20.00 or by day at a rate of \$75.00.

Fees are payable by money order, cashier's check, credit card or check. A \$25.00 fee will apply on all returned checks. No exceptions.

Payment Details: _____ Mastercard _____ Visa _____ Discover

Cardholder's Name _____

Credit Card Number _____ Expiration Date _____

Cardholder's Signature _____