



UNIVERSITY PERFORMING ARTS CENTRE

160 Alexandria Boulevard
Oviedo, FL 32765

407 - 366 - 5779

upacdance.com

JUDI FREED - SIEGFRIED

Artistic Director

5 WEEK SUMMER SESSION: JUNE 8 - JULY 10

SUMMER INTENSIVE WORKSHOP: MAY 28-31 & JULY 12-21

DANCE STUDY: MON, WED, FRI JUNE 8-26

Please complete the requested information below and return with a payment for the entire summer program.

CLASS ATTIRE

Students must wear leotards and tights to all classes. No t-shirts, pants, etc. Hair must be worn up. Ballet students must wear pink tights and pink ballet shoes. Preschool students will need both ballet shoes and hard soled or tap shoes. Beginner jazz students may wear tennis shoes. Tap students will need tap shoes.

ADDITIONAL INFORMATION

- ★ Parents are invited to watch class during the last week.
- ★ There will be no deductions for missed lessons.
- ★ Pre-registration forms for the fall session are located in the office.

TUITION

- ★ The summer dance program is based on 5 weeks consisting of 2 lessons per week. Tuition is based on 8 lessons. 2 free lessons are given to allow for possible illness and/or vacations. No make-up classes are available.
- ★ Tuition is \$100.00 for 45 minute classes; \$110.00 for 1 hour classes; \$95.00 for 2nd class in family; \$85.00 for 3rd class in family.
- ★ Tuition for dance study classes is \$200.00 for 1.5 hour classes. This class is only for the intermediate/advanced student.
- ★ There is an additional charge of \$50.00 for the pointe class which meets for a total of 5 sessions.
- ★ Tuition for intensive workshops is \$250.00 for company members (by audition only). **Bonus:** If the intensive workshop is paid in full by June 1, you may take Leaps & Turns/Stretch for FREE during the summer session or \$10 a class!
- ★ A **\$35.00** liability insurance surcharge is required for all new acrobatics students.

Class _____ Day _____ Time _____ Teacher _____

Student Name _____ Age _____ Birthdate ____/____/____

Previous dance training: Yes No If Yes; School name _____ Years _____

Parent/Guardian Name _____ Email _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

LIABILITY WAIVER: University Performing Arts Centre provides classes and training at the exclusive risk of the participants.

Your signing below indicates parent's/guardian's acceptance of this liability waiver and the above terms and conditions.

Signature _____ Date ____/____/____

Please select the classes you would like to take:

- | | | |
|---|---|---|
| <input type="checkbox"/> PRESCHOOL COMBINATION (Ballet, Tap, Tumbling) for ages 3 to 5 | <input type="checkbox"/> BEGINNING | <input type="checkbox"/> INTERMEDIATE |
| <input type="checkbox"/> INTRODUCTION TO DANCE (Tap, Ballet, and Jazz) for ages 6 to 8 | | |
| <input type="checkbox"/> INTERMEDIATE DANCE (Tap, Ballet, and Jazz) for ages 5 to 8 | | |
| <input type="checkbox"/> CLASSICAL BALLET/LYRICAL for ages 7 and older | <input type="checkbox"/> BEGINNING | <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> TAP for ages 7 and older | <input type="checkbox"/> BEGINNING | <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> JAZZ/HIP-HOP for ages 7 and older | <input type="checkbox"/> BEGINNING | <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> ACROBATICS for ages 7 and older | <input type="checkbox"/> BEGINNING | <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED |

A \$35.00 liability insurance surcharge is required for each acro student upon registration.

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| <input type="checkbox"/> ADULT PHYSICAL FITNESS | <input type="checkbox"/> BALLET | <input type="checkbox"/> TAP | <input type="checkbox"/> JAZZ |
| <input type="checkbox"/> DANCE STUDY (by audition only) | <input type="checkbox"/> Ages 6 - 9 | <input type="checkbox"/> Ages 10 and older | |
| <input type="checkbox"/> POINTE (by audition only) | | | |
| <input type="checkbox"/> TECHNIQUE CLASS (by audition only) | <input type="checkbox"/> STRETCH | <input type="checkbox"/> LEAPS & TURNS | <input type="checkbox"/> IMPROV/CONTEMPORARY |
| <input type="checkbox"/> INTENSIVE WORKSHOP (by audition only) | <input type="checkbox"/> JUNE | <input type="checkbox"/> JULY | |

(For office use only) Class code(s) _____ Acrobatic Insurance _____ Amt pd _____ # _____