

APPLICATION

Name _____ Date of Birth _____

Permanent Address _____

HomeTel _____ Fax _____ Cell _____

Home Email _____ Citizenship _____ Age _____ Sex _____

Parents/Guardian & Address _____

_____ HomeTel _____ Cell _____

Emergency Contact _____ Tel _____ Cell _____

Univ/Conservatory Now Attending _____ Yr _____

Temporary Mailing Address _____

Tel _____ Cell _____ Email _____

Dancing Ability - Intermediate or Advanced? _____

Do you speak a foreign language? How well? _____

Are you a smoker? _____ Vegetarian _____ Will you want to follow diet restrictions in Italy _____

Describe _____

LIABILITY AGREEMENT

I agree that I will not hold Pro Danza Italia/USA or any faculty or staff member liable for injuries sustained or illness contracted by me while a participant in the Workshop program. I further agree that I will not hold Pro Danza Italia/USA responsible for the loss or damage of personal property while in attendance at the Workshop.

REFUND POLICY

*Tuition only is 80% refundable if written notice of cancellation is received by the office in Annandale, N.Y. before May 15th of current year, and 50% refundable if written notice of cancellation is received by the office in Annandale, N.Y. before June 1st of current year. If withdrawal is necessary after June 1st, up to and including the first 2 days of the Workshop, 25% of the Tuition fee will be refunded for **medical reasons only and must be verified by medical documentation**. No refunds will be given after the first 2 days of the Workshop for any reasons. No refunds of Housing Costs will be given at any time. All refunds will be issued after September 15st of current year, including apartment security fee.*

I have read and understand Liability Agreement & Refund Policy and accept both.

_____ Date _____

If under 18 years of age, the Applicant's Parent or Guardian must sign

_____ Date _____



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