

COMMUNITY BALLET

Summer Dance Intensive

August 4-8, 2025

Scales Fine Arts Center, Wake Forest University, Lower Wing

REGISTRATION: Please mail this registration form and a \$200 check payable to:
Sam Shapiro, 28 Cascade Ave., Winston-Salem NC 27127
Tuition is due by the first day of class. Cash or checks payable to Sam Shapiro.
Individual drop-in rates are available for \$25 each class or \$40 per day.

CLASS SCHEDULE: Two classes will be held daily. All students will meet on the first day in the Dance 101 studio behind the lobby of Scales Fine Arts Center. Technique classes begin promptly at 9am with the second class, following a short break, will start at 10:45 am each day and end at 12 noon.

PARKING, DROPPING OFF & PICKING UP: Students may be dropped off or picked up at the circular drive in front of Scales but you may not park there. There is parking in Lot Q behind Scales.

EMAIL: Sam Shapiro at shapirsj@wfu.edu if you have questions about registration, class placement or curriculum.

Mail bottom section with your \$200 check, payable to Sam Shapiro, 28 Cascade Ave., Winston-Salem, NC 27127

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Full name _____ Name preferred to be called _____

Birthdate _____

Emergency contact: name and phone numbers and relationship _____

Email address to send confirmation of enrollment and updates _____

Dance school/program recently attended _____ Number of dance classes enrolled per week _____

Any information requiring our special attention or care _____

Please read and sign: by signing here, i release wake forest university and its instructors of any liability for any Injuries that may occur during participation in the 2025 summer dance intensive.

Signature _____ Date _____

Community Ballet PHOTO RELEASE FORM FOR MINORS

I, _____, the parent or legal guardian of _____ [Child]

grant Community Ballet my permission to use photographs for publications, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date: _____ Phone Number: _____

Parent/Guardian's Name: _____ Child's Name: _____