

ENROLLMENT FORM

| nent to: ticinoindanza@gmail.com | | | | |
|---|--|--|--|--|
| DATE OF BIRTH:// | | | | |
| | | | | |
| TELEPHONE #:EMAIL: | | | | |
| | | | | |
| Housing CHF 200 (per week) | | | | |
| One week Two week | | | | |
| Alternative choices: | | | | |
| 1 class daily CHF 125 (per week) | | | | |
| 2 class daily CHF 250 (per week) | | | | |
| scholarship(attach copy of certificate) | | | | |
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| WEEK I | studio 1 | studio 2 | Ashkenazy Ballet Center |
|------------------|---|---|--|
| 9:00-9:55 | GYROKINESIS® A. DELLA CASA | | Pilates N. TOGNOLI |
| 10 - 11:30 | Ballet advanced L. RONCHI | Contact-Improv <i>OPEN</i> C. ASARO | Ballet intermediate A. ASHKENAZY |
| 11:45 - 13:15 | Contemporary advanced E. CELLI | | Contemporary intermediate A. DELLA CASA |
| 13:15 - 14 | Pranzo/lunch break | Pranzo/lunch break | Pranzo/lunch break |
| 14 - 16 | Partnering Laboratory(advanced) G. ASARO | Laban Coreology Lab(Intermediate) N. TIRELLI | Ballet repertory A. ASHKENAZY |
| 16:15- 17:15 | Open Studio Gala rehearsal/prove | Open Studio Gala rehearsal/prove | Open Studio Gala rehearsal/prove |
| 20-22:30 | Jam Contact-Improv (MA/GIO) (TUE/THU) | | |

| WEEK II | studio 1 | studio 2 | Ashkenazy Ballet Center |
|------------------|---|--|--|
| 9:00-9:55 | GYROKINESIS® A. DELLA CASA | | Pilates J. LEROSE |
| 10 - 11:30 | Ballet advanced A. STEPKINE | | Ballet intermediate L. RONCHI/A. ASHKENAZY |
| 11:45 - 13:15 | Classical repertory advanced A. STEPKINE | Contemporary A. DELLA CASA | Classical repertory intermediate L. RONCHI/ S. LOLLI/ A. ASHKENAZY |
| 13:15 - 14 | pranzo | pranzo | pranzo |
| 14 - 16 | Choreographic Laboratory (adv) D. MALUSARDI | Contemporary Laboratory (interm) A. DELLA CASA | Ballet rehearsals/prove (interm) A. ASHKENAZY |

Please make payment via wire transfer by July 1th 2016 in CHF (swiss francs) to the following account:

Associazione Veicolo Danza - TICINO IN DANZA Account N. 69-671590-9 PostFinance IBAN CH23 0900 0000 6967 1590 9 BIC (SWIFT) POFICHBEXXX

Specify name, last name and reason of payment. Thanks!

PLEASE READ

CANCELLATION POLICY:

In case of cancellation the deposit will not be refund.

INSURANCE:

The participant is responsible for his own insurance. The organization declines any responsibilities in case of injuries during the Campus and the Festival.

PHOTO AND VIDEO CONSENT AND RELEASE AGREEMENT:

By signing this form I authorize Ticino in Danza to use my name, picture, voice, verbal statements and portrait (video or still) in any promotional and/or educational printed or electronic piece. This includes but is not limited to external news media outlets, printed materials, broadcast, web site, brochures, displays, newsletters or other means of communication with the public. I further affirm that I understand and agree that no monetary consideration will be paid.

| Date | SIGNATURE of parent |
|--------------------------|--------------------------------|
| SIGNATURE of participant | (if participant is underage) |
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