

2023 PTDW Summer Intensive Registration Form: July 10 - 14

Student Name: _____ Gender Pronouns: _____

Student Age: _____ Date of Birth: _____ Grade in Fall _____

Parent/Guardian: (1): _____ Phone: _____

Parent/Guardian: (2): _____ Phone: _____

Email (1): _____ (2): _____

Address: _____ City: _____ Zip: _____

Please check here to
opt out of our email list

- **Are there any food allergies or medical conditions that we should know about (asthma, etc.)?** Initial: _____ ★
- **No nut products on the premises please, we have students with severe allergies.** Initial: _____ ★
- **Dancers should arrive between 9:30-9:45am, and should be ready to start dancing at 10am sharp.**
Dancers may leave at 4 or should be picked up between 4:00-4:30pm. Initial: _____ ★
- **We expect masking to remain optional this summer, but please note that we reserve the right to re-implement our Covid Policies if and when it becomes necessary.** Initial: _____ ★

- Are you currently enrolled in classes at the Pamela Trokanski Dance Workshop? ____ Yes ____ No
- Have you studied dance anywhere else? Studio/Teacher: _____
- Previous dance training: (Please list your most recent training first, including technical style and dates. Continue on back if necessary.)

Number of classes currently taken per week: _____ (Ballet students only) Years en Pointe: _____

Placement Class date: _____ Level: _____

Tuition is: \$350 for the week OR \$80 for a single day (Please check day): Mon / Tues / Wed / Thurs
A 10% discount is offered for siblings who register at the same time.

Method of Payment: ____ Cash ____ Check ____ Credit/Debit/PayPal (please request an invoice by email)

Refund Policy: Refunds will not be given except in the case of injury with a doctor's letter or if there is not adequate registration for the intensive to run.

★ Please note: a 4% surcharge will be added to all credit, debit, & PayPal payments

There will be a performance at the end of the Intensive at our Second Friday event on, Fri, July 14.

While the performance is optional, we do need to know in advance if you will be participating in the concert, so that the teachers can appropriately plan their choreography. (Please initial below):

▲ I will commit to being in the concert _____ ▲ I will not be performing in the concert _____

➔ I have read the intensive brochure and have made note of important information.

Parent Signature: _____ Date: _____

Applications may be dropped off at the studio or be mailed with complete payment to:

Pamela Trokanski Dance Workshop
2720 Del Rio Place
Davis, CA 95618

Payment will be accepted until the intensive is full or until Saturday, July 1st.

Office use only:

Whole week or Single Day _____

Amount owed: _____

Paid: Cash Check # _____ PayPal/Square
Performing: Yes No

Initialed all 4 notes?

Release Form on file?

Photo Release on file?

Date: _____ Initial: _____