

American Academy of Ballet

at Purchase College SUNY
Director: Mignon Furman

Teachers Application Form


PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Area Code) _____ (Number) _____ Email: _____

	Affiliate	Non-Affiliate	To Pay
If attending 1 or 2 days Please circle days attending: 8/3 8/4 8/5 8/6 8/7 8/8	\$130/day	\$150/day	
If attending 3 or more days Please circle days attending: 8/3 8/4 8/5 8/6 8/7 8/8	\$110/day	\$130/day	
July 2nd –August 10th Observation of Student Classes during Summer School of Excellence per day _____ Days @ Please list dates attending _____	\$60	\$70	
 Accommodations (Very Limited) Dormitory Room on campus (private bathroom)- breakfast lunch and dinner included	Please list dates \$60/night if sharing _____ Affiliate \$70/night if sharing _____ Non affiliate \$70/night not sharing _____ Affiliate \$80/night not sharing _____ Non affiliate		

SUBTOTAL _____

Add 3% if paying by credit card _____

TOTAL DUE \$_____

If you have 5 or more students attending the Summer School of Excellence – deduct 50% of the fee

*** SEE NEXT PAGE FOR PAYMENT INFORMATION**

Credit Card #					-					-					-					Expiration Date				
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Payment By Check: I include my check for payment in full **OR** I include not more than 2 post-dated checks. The first check is dated currently for at least 1/3 of the fee. The last check is dated on or before June 16th. All checks are payable to the **American Academy of Ballet**. Checks will be deposited as dated. If payment is by credit card, add 3%. Please **DO NOT staple checks.**

Credit Card Payment: (circle one) Visa Mastercard

Name on Credit Card _____ Signature _____
 Mail Application & Checks to:

Ask our panel:

Please write your questions for our panel below. If you need more space attach a separate paper.

1. _____

2. _____

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