



Trumansburg Conservatory of Fine Arts, Inc.
 PO Box 1053 | Congress at McLallen • Trumansburg | New York 14886
 coordinator@tburgconservatory.org • 607-387-5939
 www.tburgconservatory.org

2018-19 DANCE REGISTRATION _____

Classes for 2018-19 begin Saturday, September 8th, and continue through the Spring Recital in May 2019 (more information TBA).
Tuition for the entire year is \$420 for most classes; \$550 for extended classes. Six and Eight-week workshops and shorter sessions are priced separately. Mail in this completed form and a deposit to register. **Email dance@tburgconservatory.org with questions.**

Please select all classes you or your child are registering for below:

MONDAY

- Jr. Contemporary 4:00 - 4:55p
- Adv. Ballet & Prepointe 5:00 - 6:25p
(extended class)
- Pointe (Late start, 1/1/19) 6:30 - 6:55p
- Elite Jazz 7:00 - 7:55p
- Teen Contemporary 8:00 - 8:55p

TUESDAY

- STUNT 3:45 - 4:40p
- Rough & Tumble 4:45 - 5:40p
- Elite Tap 5:45 - 6:25p
- Adult "Back to Basics" Tap (9/8-10/21) 6:30 - 7:25p
- Adult Tap (Late Start, 10/23/18)
- Teen Musical Theater 7:30 - 8:25p

WEDNESDAY

- Int. Ballet 3:45 - 4:25p
- Int. Tap & Jazz (extended class) 4:30 - 5:55p
- Jr. Musical Theater 6:00 - 6:55p
- Adv. Acro 7:00-7:55p

THURSDAY

- Kidz Hip Hop 3:45 - 4:40
- Jr. Hip Hop 4:45 - 5:40
- Adv. Tap & Jazz (extended class) 5:45 - 7:10
- Teen Hip Hop 7:15 - 8:10

SATURDAY

- Creative Movement 8:30 - 9:15a
- Kinderdance 9:30 - 10:25a
- Beg. Ballet & Tap 10:30 - 11:25a
- Beg. Acro-Jazz 11:30-12:15p
- Family & Me 1:00-1:45p

CONTACT INFORMATION:

Student(s) Name, Age, Birthday: _____

Student(s) Home Address: _____

Parent/Guardian Name (If Under 18): _____

Email Address: _____

Phone# to Reach Parent During Class: _____ Home Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

Current and/or Past Injuries: _____

Other Medical Info: _____

Number of Years Previously Completed in Dance at TCFA: _____

TCFA takes photos of it's programs, for documentation and pulicity purposes. By signing below, you agree to grant permission to TCFA to record and use any images in which you, your child, or your children have participated in, as part of this program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____