MONTEREY COUNTY DANCE THEATRE (MCDT) APPLICATION 2013-2014

NAME OF STUDENT	AGE	BIRTH DATE	GRADE IN	SCHOOL ATTENDING IN 2013-
FIRST/MIDDLE/LAST			SCHOOL 2012-2013	2014(i.e.Del Rey,Rose Ferrero, Greenfield,San Ardo, etc.)
			2012-2013	Greenied, San Ardo, etc.)
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revious dance experience	YES [No		forces sing)
Yes, Please provide a brief summary	of this eyn	erience such as	length of study	hours/classes per week name
f teacher, methodology of instruction				
RAD),Cechetti, or other.) If a previous				
ext area.				
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ACDT student YES	NO PLEASE P	ROVIDE DETAILS	OF YOUR PREVIOU	JS TRAINING:
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lease let us know the class/classes that your weekly. Ballet 1 A/B are for beginned				
ours weekly), Ballet 3* is Intermediate le				
but's weekly), ballet 3 is intermediate it	cvci ciasses v	vicir i Ointe (4.5	· Hours weekly).	to class
				il elistes e
re there any physical/medical conditions	s we need to	he aware of? (Fo	or example -asthm	a hearing loss arthritis allergies
oot/toe/joint problems, or others application				
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ather/ adult student/First/Last				
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Ionterey County Dance Theatre (MCDT)				
dvertising and promotional purposes. W			his time should th	is apply to
our student in the future. All photos are	property or	VICD1.		
lother/Guardian Signature			date	
ather/ Guardian Signature			date	

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EMERGENCY CONTACT DET	AILS:		
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Other details if			
applicable:	**************************************		
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per family. We charge flat ra	ate amounts for 10 mont	hs or from the beginning	of your study
term. No deductions for mis	ssed work as all course w	ork is required to be mad	de up.
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