Christopher Mohnani • Artistic Director

DANCE THEATRE OF TENNESSEE

Total Amount _____
Amount Pd _____
Balance _____

For office use only

Tutus and Tiaras Tiny Tots Program
$30 Registration Fee

STUDENT NAME _____AGE_____

DATE OF BIRTH:_____ SCHOOL ATTENDING AND GRADE:_____

PARENT(s) NAME _____

ADDRESS_____

CITY _____ STATE_____ ZIP _____

EMAIL ADDRESS:_____

HOME PHONE _____ CELL _____ WORK _____

EMERGENCY CONTACT INFORMATION

NAME_____RELATIONSHIP_____

PHONE _____

HOW DID YOU HEAR ABOUT US:_____

Please check program(s) you will be attending

☐ June11-15 Cinderella 9am - 12pm
☐ July 9-13 Nutcracker 9am - 12pm
☐ June11-15 Sleeping Beauty 1pm - 4pm
☐ July 9-13 Coppelia 1pm - 4pm
☐ June18-22 Beauty & Beast 9am - 12pm
☐ July 16-20 Princess & Frog 9am - 12pm
☐ June18-22 Princess & Frog 1pm - 4pm
☐ July 16-20 Beauty & Beast 1pm - 4pm
☐ June25-29 Sleeping Beauty 9am - 12pm
☐ June25-29 Cinderella 1pm - 4pm

Tuition **1 Session (morning or afternoon): $100** **Each Additional Session (morning or afternoon): $50**
Lunch time care (1 hour): $50
Deposit **1 Session: $60** **Multiple sessions: $150**

Lunch time care is only an option for those taking a concurrent morning and afternoon session and is only available from 12 to 1pm, Monday through Friday. Students must come with their own lunches; DTT does not provide lunch. For all camps, a deposit is required **one month** prior to the start date. Deposit is non-refundable, unless DTT has to cancel a class. Balance is due by the first class.

Payment Information:

Deposit: _____ + Lunch time care (if applicable) _____+ Registration Fee (if applicable) _____ Remainder of Tuition Due: _____
☐ ONE installment
☐ TWO installments, deposit amount immediately and tuition on 1st day of camp ($5 payment fee applies)

Method of Payment: ☐ MasterCard ☐ Visa ☐ Amex ☐ Discover ☐ Cash ☐ Check # _____
Credit Card # _____ Exp. Date: _____
I hereby authorize Dance Theatre of Tennessee to charge the above-named card for tuition and fees for the Summer Dance Camps as indicated above. I understand that the first installment will be **charged immediately upon receipt** and the second installment will be charged on or after the start date of my selected camp. I understand the second installment will include a $5 installment fee.

Name on card: _____ Billing ZIP Code: _____

Signature_____Date_____

• 2710 Old Lebanon Rd., 15 Nashville, TN 37214 • (615) 391-5500 •
www.dancetheatretn.org