



# Dancecore: The Nutcracker "Sweet"

## Fall 2010 Registration Form

To register your child for Dancecore at WHBPAC, please mail this completed form with full tuition (please make checks payable to WHBPAC or give credit card information at the bottom of this form) to:

Arts Education Program  
Westhampton Beach Performing Arts Center  
76 Main Street  
Westhampton Beach, NY 11978  
Attn: Cheryl Wheeler

If you are paying by credit card, you may fax this form to 631.288.8519.

### Registration

#### Registration is on a first come, first serve

**basis.** All participants must submit this form with full tuition.

A packet of important parent information will be sent prior to the start of the program. This packet serves as confirmation of your child's participation.

### Refunds

**AFTER A CHILD'S PARTICIPATION IS CONFIRMED, ALL FEES ARE NON-REFUNDABLE.**

### Attendance and Behavior

WHBPAC reserves the right to dismiss any participant whose behavior or attendance is deemed unacceptable. No refunds will be given for dismissal due to unacceptable behavior or attendance.

### Program Schedule

Dancecore's Nutcracker "Sweet" runs from Monday, October 18 – Friday, December 17. All ages will meet on Mondays; times vary based on age of participant and will be sent with parent information packet. **Dress Rehearsal for all ages will be Monday, December 13 from 4 – 8pm, and attendance is mandatory for participation in the performance. The performance is on Friday, December 17 at 7pm.**

### Questions?

Contact Cheryl Wheeler at 631.288.2350, ext. 102 or by e-mail at Cherylw@whbpac.org.

### Child's Information

Name: \_\_\_\_\_

**All participants must be 5-16 years of age at time of program.**

Age (at time of program): \_\_\_\_\_

Grade: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

### Parents'/Guardians' Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Tuition

Nine -Week Program: 10/18 – 12/17 \$300

Method of Payment:

Check  Credit Card (MasterCard, Visa, or American Express)

Acct. No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

(Exactly as it appears on card)

**Office Use Only**

Date Received:

Initial \_\_\_\_\_