



APPLICATION FORM



Masterclass with Sylvia Wu

@ The Dance Station

22 Dec 2016, Thursday

APPLICANT'S DETAILS:

NAME: _____

AGE: _____

DATE OF BIRTH: _____ / _____ / _____ (DD / MM / YYYY)

GENDER : F / M

MOBILE NUMBER: _____ EMAIL: _____

ADDRESS: _____

_____ POSTAL CODE: _____

CURRENT BALLET LEVEL: _____

IN CASE OF EMERGENCY:

CONTACT PERSON: _____ RELATIONSHIP TO CHILD: _____

CONTACT NOS.: _____ (HP) _____ (H) _____ (O)

LEVEL	DATE & TIME	AMOUNT	TICK (✓)
INTERMEDIATE FOUNDATION	10:00am – 12:00pm	S\$80.00	<input type="checkbox"/>
INTERMEDIATE	1:00pm – 3:00pm		<input type="checkbox"/>
OPEN CLASS	3:30pm – 5:30pm		<input type="checkbox"/>
For Dancers' Camp Campers, Extra Night Of Accommodation Per Pax	S\$75.00	____ Night	= S\$ _____
TOTAL AMOUNT PAYABLE			S\$ _____

The above classes are subject to space availability. Limited numbers are available per class.

TERMS AND CONDITIONS

1. Registration and full payment must be received by **22 November 2016**.
2. Late fee of **\$50** is chargeable for registration and payment received **after 22 November 2016**.
3. Payment may be made in cash or cheque. Please make cheque payable to “**OKH Ballet Centre**”.
4. OKH Ballet Centre reserves the right to alter the advertised programme and faculty as necessary without prior notice.
5. OKH Ballet Centre and its agents will **NOT** be held responsible for any injury or for the loss of any property.
6. Please send the completed application form(s) to:

OKH Ballet Centre
19 Tanglin Road #03-15/16/17
Tanglin Shopping Centre Singapore 247909
Tel: 6737 9382 Fax: 6737 9301
Email: okhbc@singnet.com.sg

7. All fees paid are neither REFUNDABLE nor TRANSFERABLE under any circumstances.
8. Participants are expected to attend and participate in all scheduled activities assigned to them.
9. All participants are expected to observe the terms and conditions set out by the School.
10. All participants will receive a Certificate of Participation at the end of the Course.

I AGREE TO MY CHILD PARTICIPATING IN MASTERCLASS WITH SYLVIA WU 2016. I UNDERSTAND THAT THE FACILITATORS WILL TAKE ALL REASONABLE PRECAUTIONS DURING ACTIVITIES. I WILL NOT HOLD THE FACILITATORS, OKH BALLET CENTRE, THE DANCE STATION, OR ITS AGENTS LIABLE IN THE EVENT OF MISHAPS, ACCIDENTS AND INJURIES.

BY SIGNING BELOW, I ALSO ACKNOWLEDGE THAT I HAVE ALREADY READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE.

PARENT’S NAME & SIGNATURE: _____ DATE: _____

OFFICIAL USE:											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Level: Inter Foundation</td> <td style="width: 30%;">Fee S\$: _____</td> </tr> <tr> <td>Intermediate</td> <td>Fee S\$: _____</td> </tr> <tr> <td>Open Class</td> <td>Fee S\$: _____</td> </tr> <tr> <td>Accommodation</td> <td>Amt S\$: _____</td> </tr> <tr> <td align="right" colspan="2">Grand Total S\$: _____</td> </tr> </table>	Level: Inter Foundation	Fee S\$: _____	Intermediate	Fee S\$: _____	Open Class	Fee S\$: _____	Accommodation	Amt S\$: _____	Grand Total S\$: _____		Payment Mode: Cash / Cheque Cheque No: _____ Official Receipt No.: _____
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Intermediate	Fee S\$: _____										
Open Class	Fee S\$: _____										
Accommodation	Amt S\$: _____										
Grand Total S\$: _____											
Staff Name & Signature: _____	Date: _____										