

Thomas Armour Youth Ballet / Miami Conservatory

Summer Ballet Workshop, 2010
5818 SW 73 Street, South Miami FL
Ph: (305) 667-5543

This year's **5 week** workshop will begin on **Monday, June 14th** and end on **Friday, July 16th**. Classes for Intermediate I- IV and Advanced levels will be from **2PM to 7PM**, Monday-Friday and will include a 1 ½ hour daily ballet technique class, a 2nd ballet enrichment class, and a daily repertory class.

Ms. Mariana Alvarez will stage excerpts from the ballet classic, **"Sleeping Beauty"**.

Please contact Marina Ilinskaya to reserve your place at 305-667-5543.

Please note:

Students are placed in the same level they were in during the previous school year. The summer program is a continuation of the school year's studies.

Class Schedule

2pm-330pm

Int I/II: Ballet Technique class
 Int III/IV&Adv: Ballet Technique class

330pm-5pm

Int I/II: Pointe/Character/Enrichment
 Int III/IV&Adv: Pointe/Character/Enrichment

530pm-7pm

Repertory: All Int-Adv levels

Summer Faculty:

Director: Ruth Wiesen
 Ballet Faculty: Ms. Mariana Alvarez, Ms. Rosario Suarez, Ms. Maite Diz
 Registrar: Ms. Marina Ilinskaya
 Program Admin: Geannina Burgos

Class Prices

Int/Adv 5-week Workshop.....\$750
 (Can be paid \$150/week)
Workshop on weekly basis.....\$170
 (if taking less than 5 weeks)

Int/Adv: TWO classes/day (no Repertory)

10 classes/wk.....\$135/ wk
 8 classes/wk.....\$115/ wk
 6 classes/wk.....\$85/ wk
 4 classes/wk\$60/ wk

Int/Adv: ONE class/day (no Repertory)

5 classes/wk.....\$75/ wk
 4 classes/wk.....\$60/ wk
 3 classes/wk.....\$45/ wk
 2 classes/wk.....\$30/ wk

Student's Name: _____ **Date of birth:** _____

School: _____ **Grade in 2010-2011:** _____

Please circle one:

Gender: Male	Race: Native American or Alaskan	Ethnicity: Hispanic
Female	Asian	Haitian
	Black or African-American	Other _____
	Pacific Islander	Unknown
	White	
	Other _____	
	Unknown	

Parent(s)/Guardian(s) Name: _____

Address: _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Work Phone:** _____

Email: _____ **Known disabilities of child:** _____

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Scholarship Status: _____ # days participating: _____
 Underserved Status: Geographically Economically Disability Other _____