

2026 Enrollment Form - Dancers - NEW YORK

* PLEASE PRINT CLEARLY		
* Please include a full-length photograph in 1st arabesque . (If it has not been submitted at an audition) For office use	#	
Today's Date:	CD	
Last Name: First Name:	RM	
Street Address:	СН	
City: State: Zip: Country:	СС	
Male: Pemale: Age on July 1 2026 : Date of Birth:(month)	_(day)	(year)
Parent's Email:		
Parent's Telephone:		
Method of Acceptance: Audition – Please specify location Video Performance Awards - Name of teacher:		
I have attended AAB Summer School previously. Dates & Program		
Dance Training Ballet School:		
Address:		
City:		
Email:		
Telephone: () Teacher's Name:		
Years of Training Number of Lessons per week for the past 6 months		
In addition to ballet do you learn		

To Pay

Add 4%

Total \$ _____

Please check the <u>date</u> , <u>lee</u> & <u>residential/hon-residential</u>			To Pay	
Weeks	Dates	Residential Dancers	Day Dancers*	
1 week	() June 28- July 3	()\$1760	() \$1245	
1 week	() July 5 - July 11	() \$1850	() \$1295	
1 week	() July 12 - July 18	() \$1850	() \$1295	
2 weeks	() June 28 - July 11	() \$3725	() \$2490	
2 weeks	() July 5 - July 18	() \$3725	() \$2490	
2 weeks	() July 19 - Aug 1	() \$3725	() \$2490	
3 weeks	() June 28 - July 18	() \$5495	() \$3825	
3 weeks	() July 12 - Aug 1	() \$5495	() \$3825	
4 weeks	() July 5 - Aug 1	() \$7425	() \$4995	
5 weeks	() June 28 - Aug 1	() \$8995	() \$5995	
lon-residencial		,	non refundable)	Add\$200
	ax-deductable) e to donate to the AA	B Scholarship F	und? Add Amo	unt
	est Coast dancers, and dance on their registration day ple			
7.1	e extra accommodation and		Add \$	
y application will be received after May 15 st		5 150		
	be received after iviay 15		7.44	\$ 150 \$50
	The received after May 13		Tota	\$50
	S: add \$25 per transfer. PLEA			\$50

TO BE SIGNED BY PARENT OR GUARDIAN

- add 4% for non-USA credit cards

I hereby consent to	attending the AAB Summer School 2026.	I agree to abide
by the class placement and dormitory rules. I acknowledge	owledge that I have read the refund police	,, and agree to it.

And agree that due to a Covid-19 or any other situation, conditions of the program could change.

Print Parent/Guardian Name	Signature Parent/Guardian

Credit Card Paym	nent			
(circle one)	Visa	MasterCard	Amex	
Name on Card		Signature		
-		_ Expir	"	
			Sec	curity Code
	MUST BE AT LEAST Payment 1/3 OF TOTAL	FEE - Today's Date	\$	
• Date of 2 nd F	Payment		\$	
• Date of 3 rd	Payment (before May 15 th	2026)	\$	
R	eminder: <u>All</u> the p	ayment details MUS	T be filled in	
Check Payment				
1) Checks are payable made for unpaid checks		lemy of Ballet Performan	ce Awards Inc. A charge of \$	550 will be
		All checks must be mai	led together with your ap	plication.
Please do not use s	staples.	DATE	AMOUNT	
N st st	MUST BE AT LEAST			
• Date of 1 st	Payment 1/3 OF TOTAL	FEE - Today's Date	\$	
• Date of 2 nd I	Payment	a 	\$	
• Date of 3 rd I	Payment (before May 15 th	2026)	\$	
Remino	der: All checks MUS	T be mailed with vo	our enrollment form	
Bank Transfer		,		
ease email aaboffice@gm	ail.com for bank details.			
ou may pay by not more the Your 1 st transfer must be Your last payment must l	not less than 1/3 of the to	tal fee, and must be dated tl	ne same date as your enrollmen	t.
5 (55)	be before May 1, 2025.			
	THE NAME OF DAM		HE TRANSFER DOCUM	ENTS
PLEASE NOTE:		EAST	HE TRANSFER DOCUM	ENTS
PLEASE NOTE:	THE NAME OF DAN MUST BE AT L payment 1/3 OF TOTAL	EAST		ENTS

Reminder: <u>All</u> the payment details MUST be filled in

PLEASE EMAIL ENROLLMENT FORM TO aaboffice@gmail.com

LIMITED PLACES AVAILABLE!

LOOKING FORWARD TO A WONDERFUL SUMMER SCHOOL 2026!

DANCERS FROM OVER 15 COUNTRIES

BALLET
CONTEMPORARY
NEOCLASSICAL
POINTE
NATIONAL
MUSICAL THEATER

DORMITORY AND MEALS ON CAMPUS PERFORMANCES SOLO AND OTHER COMPETITIONS

