

Spring Recital Commitment Form 2020

HASELWOOD FAMILY YMCA

May 30th, 2020 at the North Kitsap Auditorium

“Once Upon a Time”



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dancers Name: _____ D.O.B. ___/___/___

Parent/Legal Guardian Name: _____

Are you willing to: Volunteer for Recital Y/N Provide a Group Snack for Recital (Less than \$10) Y/N

Phone Number: (____) _____ Alternate Phone Number: (____) _____

*Email Address: _____

*Email will be our main form of communication to the parents about recital details. Please make sure the email address we have is correct and that our emails do not go to your junk mail folder.

This year is our sixth annual Spring Recital on Saturday, May 30th, 2020 at North Kitsap Auditorium. We are excited to be able to provide this opportunity for our dancers, and we strongly believe that a large amount of growth takes place in those who take advantage of the presentation experience!

Recital Participation Payment Information

General Payment	Cost	Quantity	Total
Participation Fee	\$15	1	\$15
Costume Fee per class (\$10 added if torso measurement is longer than 55 Inches. Staff will takes measurements during class.)	\$55		
Nude Leotard (Strongly recommended for students with costume changes)	\$15		
Extra Performance Tights	\$5 (each)		
Single Rose (Optional) *see below	\$3		
Three Rose Bouquet (Optional) *see below	\$5		
Annual Campaign Donation/Recital Keepsake	\$20		
General Payment Total			

*If you pre-ordered a rose or rose bouquet, what message would you like attached to the rose(s)?

Message: _____

Example: “Congratulations! Way to go!” If no message is written, we will choose a message for the rose(s).

How would you like to pay your General Payment Total?

___ Credit Card on File

___ Check Attached. Check # _____

___ Credit Card: Visa Mastercard American Express

Card #: _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

	Tuition Payment (check the boxes that apply)	Ages	Winter Blast	Win ter 1	Winter 2	Spring 1	Spring 2	Total
Ballet	<i>Pre-Ballet 1&2// 9:45am// Sat</i>	<i>Full</i>	<i>Full</i>	<i>Full</i>	<i>Full</i>	<i>Full</i>	<i>Full</i>	
	Pre-Ballet 1// 11:30am// Sun	3-4	\$20	\$25	\$25	\$25	\$15	
	Pre-Ballet 1// 10:00am// Fri	3-4	\$20	\$25	\$25	\$25	\$15	
	Pre-Ballet 2// 12:30pm// Sun	4-5	\$20	\$25	\$25	\$25	\$15	
	<i>Pre-Ballet 2// 5:30pm// Thurs</i>	<i>Full</i>	<i>Full</i>	<i>Full</i>	<i>Full</i>	<i>Full</i>	<i>Full</i>	
	Pre-Ballet 2// 11:00am // Fri	4-5	\$20	\$25	\$25	\$25	\$15	
	Beg Ballet 1// 3:45pm// Thurs	6-7	\$20	\$25	\$25	\$25	\$15	
	Beg Ballet 1// 12pm // Sat	6-7	\$20	\$25	\$25	\$25	\$15	
	Beg Ballet 1&2// 12:30pm// Wed	6-12	\$20	\$25	\$25	\$25	\$15	
	Beg Ballet 2// 6:45pm// Mon & Sat	8-12	\$27	\$32	\$32	\$32	\$20	
	Int/Adv Ballet// 5:00pm*// Tues & Thurs	8-14	\$27	\$32	\$32	\$32	\$20	
Cont	Contemporary// 6:45pm*// Thurs	8-14	\$20	\$25	\$25	\$25	\$15	
Hip Hop	Beg Hip Hop// 5:00pm // Wed	6-7	\$20	\$25	\$25	\$25	\$15	
	Int Hip Hop// 6:00pm // Wed	8-12	\$20	\$25	\$25	\$25	\$15	
	Adv Hip Hop// 7:15pm*// Wed	8-14	\$20	\$25	\$25	\$25	\$15	
Hula	Hula// 6:45pm// Thurs	6-12	\$20	\$25	\$25	\$25	\$15	
Jazz	Beg Jazz// 1:15pm// Sat	6-7	\$20	\$25	\$25	\$25	\$15	
	Beg Jazz/Tap// 1:45pm// Wed	6-12	\$20	\$25	\$25	\$25	\$15	
	Int 1 Jazz// 12pm// Sat	8-12	\$20	\$25	\$25	\$25	\$15	
	Int 2/Adv Jazz// 6:45pm*// Tues	8-14	\$20	\$25	\$25	\$25	\$15	
Tap	Pre-Tap// 1:30pm// Sun	3-5	\$20	\$25	\$25	\$25	\$15	
	Beg/Int Tap// 5:30pm// Mon	6-12	\$20	\$25	\$25	\$25	\$15	
	Adv Tap// 8:00pm*// Tues	8/14	\$16	\$21	\$21	\$21	\$15	
	Tuition Payment Total							

*Shaded Classes are Placement Only

Tuition Total Payment Plan Options. Please choose one.

- I would like to make a one-time payment for the full tuition amount.
- I would like to make 5 equal payments on registration days (12/1, 12/22, 2/16, 3/29, 5/10)
- I would like to make 3 equal payments on registration days (2/16, 3/29, 5/10)
- I would like someone to contact me about making smaller bi-monthly payments.
- I already have Financial Assistance. _____%

How would you like to pay for your Tuition Total Payment Plan?

Credit Card on File
 Check Attached. Check # _____ Credit Card Visa Mastercard American Express
 Name on Card: _____ Card #: _____
 Exp. Date: _____ Security Code: _____

Office Use Only: _____ Paid/Scheduled _____ FA Applied (If so, how much)
Notes: _____
Please turn this form in to Edna Cabalfin's inbox.

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A parent or guardian must initial the following commitments:

_____ I understand this Spring Recital Commitment Form is **due by Friday, February 14th**. It must be turned into a dance instructor or the Welcome Center.

_____ I understand that my child cannot miss more than 1 class per session and may not miss any classes the week of show (May 24-May 30). Exceptions will be made for family emergencies.

_____ I understand that my child's recital dance class will have a non-refundable/non-transferable costume fee of \$55.00 or \$65.00 per class and a one time, non-refundable/non-transferable \$15 Recital Participation Fee per student.

_____ I understand that if I turn in this Commitment Form between January 1st, 2020 - February 14th, 2020 I am responsible for any costume alterations that are required for my child's costume(s).

_____ I understand costume payments will be processed on 12/15/19 for early registrants and 2/15/19 for those who register between January 1st, 2020 - February 14th, 2020.

_____ I understand that two complimentary tickets will be given to each **family** that is performing.

_____ I understand that personal photography will only be allowed with the instructor's supervision during classes. You may only post images and videos of your child (ren) to social media.

_____ I understand that my child's picture may be taken by YMCA staff during dance classes and/or performances and may be shown for promotional purposes or displays.

_____ I understand through this agreement my child will be automatically registered for the 3 required sessions (early registration is 5 sessions) leading up to the recital. I further understand and agree that I need to pay the full tuition for those sessions. A monthly payment plan may be arranged. Financial Assistance is available for members who qualify.

_____ I understand that only YMCA CAP trained volunteers are allowed backstage with the dancers.

_____ I understand that to become a YMCA CAP trained volunteer for the dance recital, I must attend one of the following trainings:

4/13/20	5:30pm	Haselwood Community Room
4/17/20	10:00am	Haselwood Community Room
4/18/20	11:00am	Haselwood Community Room
4/21/20	6:00pm	Haselwood Community Room

_____ I understand that it is required to attend the Technical Rehearsal on May 28th for the entire time, 5:30pm-7:30pm. **(Only Students 6 years of age and older. NO PRESCHOOL STUDENTS)**

_____ I understand that it is required to attend the Dress Rehearsal on May 29th for the entire time, 4pm-6:30pm.

_____ I have read the above agreements and understand that if I miss the due dates or am unable to fully commit to any portion of this agreement that it will mean forfeiture of my child's performance in the May 30th Recital.

Signature _____ Date _____