



Patricia Brosnihan

Dance Centers

Fun & Educational Classes For All Ages

130 Ferry Street • S. Grafton, MA 01560
77 West Main Street • Hopkinton, MA 01748
www.PBDanceCenter.com

Summer Dance Programs

Visit us at:
www.PBDanceCenter.com

Summer 3yr olds Cinderella

Pre-Ballet with Arts & Crafts
Cinderella Princess Program
Grafton July 24-28
Hopkinton August 14-18
8:30 - 9:30 Monday – Friday

Summer 4-5yr olds Sleeping Beauty

Pre-Ballet with Arts & Crafts
Sleeping Beauty Princess Program
Grafton July 24-28
Hopkinton August 14-18
9:30 - 11:30 Monday – Friday

Summer 6-8yr olds Coppelia

Ballet & Jazz with Arts & Crafts
Grafton July 24-28
Hopkinton August 14-18
9:30 - 12:30 Monday – Friday

Summer 9-13yr olds Burning Up The Dance Floor

Ballet / Jazz / Lyrical with Arts & Crafts
Hopkinton July 17-21
8:30 – 3:30 Monday – Friday
*Extended Care Available

Summer Dance Programs

Summer 3yr olds - Cinderella

JULY 24-28 GRAFTON \$80 \$ _____
AUGUST 14-18 HOPKINTON \$80 \$ _____

Summer 4-5yr olds - Sleeping Beauty

JULY 24-28 GRAFTON \$160 \$ _____
AUGUST 14-18 HOPKINTON \$160 \$ _____

Summer 6-8yr olds - Coppelia

JULY 24-28 GRAFTON \$175 \$ _____
AUGUST 14-18 HOPKINTON \$175 \$ _____

Summer 9-13yr olds - Burning Up The Dance Floor

JULY 17-21 HOPKINTON \$295 \$ _____
OPTIONAL EXTENDED CARE 8:00-8:30AM \$15 \$ _____
OPTIONAL EXTENDED CARE 3:30-4:00PM \$15 \$ _____

50% NON REFUNDABLE DEPOSIT DUE UPON REGISTERING BALANCE DUE APRIL 1st
HAVING A REGISTRATION DEADLINE ALLOWS THE STUDIO TO NOTIFY THE FACULTY WELL IN ADVANCE OF HAVING SUMMER HOURS. IF THE MINIMUM NUMBER OF STUDENTS DO NOT REGISTER BY THE DEADLINE THE PROGRAM WILL BE CANCELLED. DEPOSIT WILL BE REFUNDED ONLY IN THE CASE OF STUDIO CANCELLING A PROGRAM

Total Amount Due \$ _____
50% Deposit \$ _____
Balance Due by Apr. 1 \$ _____
Check # _____

S. Grafton - 508-839-3696 | Hopkinton - 508-435-5312

APPLICATION & REGISTRATION FORM

Name _____ D.O.B. _____
Address _____ Phone _____
City _____ State _____ Zip _____
In Case of Emergency, Please Notify _____
Phone # _____ Work# _____ ext. _____
Email _____

THE ABOVE NAMED PARTICIPANT HAS MY PERMISSION TO PARTICIPATE IN THE PROGRAM LISTED ABOVE. I UNDERSTAND THAT PATRICIA BROSNIHAN DANCE CENTER, INC., IT'S TEACHERS AND DIRECTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OF OR DAMAGE TO PERSONAL PROPERTY. SINCE THIS IS A PHYSICAL ACTIVITY, INJURIES MAY OCCUR. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY WHICH MAY BE HARMFUL AND IS RESPONSIBLE TO INFORM THE INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN CLASS OR RELATED ACTIVITIES. IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT THE PERSON(S) ABOVE. IF EMERGENCY MEDICAL ATTENTION IS NECESSARY, THIS PROGRAM HAS MY PERMISSION TO PROVIDE THE APPROPRIATE CARE.

Parent's Signature _____ Date _____