

# WORKSHOPS FOR STUDENTS IN CUBA

## REGISTRATION FORM

Please complete the following registration form and submit it to our CBYE office.

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Prov/State \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Medical Information : identify any medical conditions that the Dance Instructors should know:  
 \_\_\_\_\_  
 \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Mother's Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_  
 Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_  
 Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

### DANCER PROFILE

Current Dance School \_\_\_\_\_

Number of Years of Ballet Experience: \_\_\_\_\_

Number of Years of Dancing en Pointe: \_\_\_\_\_

Have you had any pas de deux training?  Yes  No

What style of ballet have you been trained in ?

- R.A.D. (Royal Academy of Dancing)
- Vaganova
- Cecchetti
- Other (please specify) \_\_\_\_\_

## WORKSHOP REQUEST

### Workshop Session Dates

Please note: You can apply for full week sessions or monthly sessions.

Requested Start Date: (mm/dd/yy) \_\_\_\_\_

Requested End Date: (mm/dd/yy) \_\_\_\_\_

### Workshop Classes

Each student enrolled in the workshop will receive training inline with the Basic Training Module as outlined on our website.

I would you like to add on the following specialty classes to my Basic Training Module:  
(additional fee may apply)

- Variations
- History of Dance
- Music Appreciatin
- Methodology

## TRAVEL INFORMATION

**PASSPORT NUMBER** \_\_\_\_\_ **EXPIRY DATE** \_\_\_\_\_

*\*Passports must be valid for at least 6 months after the date of travel.*

### Flight Information

Date Of Departure For Cuba: (mm/dd/yy) \_\_\_\_\_

Date Of Return From Cuba: (mm/dd/yy) \_\_\_\_\_

Will you be making your own flight arrangements?  Yes  No

Do you require assistance with flight arrangements?  Yes  No

If you answered "Yes" to the question above, please indicate number of people travelling:

\_\_\_\_\_

### Hotel Accomodations

Will you be making your own hotel arrangements?  Yes  No

Do you require assistance with hotel arrangements?  Yes  No

If you answered "yes" to the question above, please answer the following:

Type of Accomodation Required:  Single  Double

Check in date: (mm/dd/yy) \_\_\_\_\_

Check out date: (mm/dd/yy) \_\_\_\_\_

### Chaperone

Students under the age of 18 must travel with a chaperone. We recommend that there is a minimum of one chaperone per group of 5 students.

Chaperone Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## FEE INFORMATION

The Cuban Workshop Training Fee consists of the following two payments:

- \$75.00 CDN – one time registration fee payable to CBYE
- \$525 CDN - workshop fee for Basic Training Module payable to CBYE

**Additional Costs:**

- additional fee may apply for added specialty classes
- Airfare, Accommodations, Meals, Visa and Passport

## TO REGISTER

In order to enroll into the Cuban Workshops, you must submit both training fee payments and completed registration forms to CBYE.

**Method of Payment:**

- Cheque       Visa       Master Card       Cash

Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Note: A 2% surcharge will be applied to all credit card payments.

**Application Submission**

You may submit the application by the following ways:

**By E-mail:** [info@cbye.ca](mailto:info@cbye.ca)

**By Mail:** CBYE  
c/o Cuban Workshops  
145 Main Street East  
Hamilton, Ontario  
L8N 1G4  
Canada

**In Person:** You can drop the registration form off in our mail slot located at the address listed above.

## CONSENT FOR WORKSHOP PARTICIPATION

I/we have reviewed the rules and regulations in line with this program and accept the conditions thereof. I/we acknowledge and agree to abide by the rules and regulations of CBYE. The undersigned hereby releases and forever discharges the CBYE and its associates from and against all claims, causes, or actions or demands for personal injury or damages, however arising, as a result of or consequences of the registrant's participation in the dance workshops in Cuba. With all foregoing, I/we accept participation in this program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name (please print) \_\_\_\_\_