



School of Richmond Ballet
ADULT DIVISION
Class Schedule 2009-2010

September 8 - December 12
and
 January 4 - June 5

Adult Open Classes are for students 15 years of age and older.
 Adult Classes are taught by School of Richmond Ballet Faculty.

<i>Open Courses</i>	<i>Day</i>	<i>Time</i>	<i>Faculty</i>
Ballet I (<i>Teen/Adult Beginning Ballet</i>)	Thursday & Saturday (AM)	6:00-7:00 9:15-10:15	Atkinson Hodal
Ballet I/II (<i>Adv. Beginning/Intermediate</i>)	Monday & Wednesday	6:30-7:45 7:00-8:15	Hetherington Hodal
Ballet II (<i>Adv. Intermediate</i>)	Saturday (AM)	9:30-11:00	S. Massey
Ballet III/III (<i>Intermediate/ Advanced</i>)	Tuesday and Thursday	6:30-8:00	S. Massey
Ballet /Stretch (<i>Open Level</i>)	Wednesday (Noon)	12:00-1:00	Weinstein- Gary
Jazz (<i>Teen/Adult</i>)	Tuesday	7:00-8:00	Hinton
Modern (<i>Teen/Adult</i>)	Thursday	7:00-8:00	Hinton
Stretch & Strengthen (<i>Open Level</i>) NEW!	Tuesday	5:45-6:45	Weinstein- Gary
Ballroom NEW! (SEE ATTACHED FLYER FOR PRICING)	Wednesday	7:30-9:00	J. Massey

Dress code for all classes is Casual Dancewear

Open Class Pricing:

There are two payment options for OPEN Classes:

1. Feel free to take any adult class of your choice by purchasing a **Dance Card** that gives you the advantage of a discounted class rate.
6 class Dance Card for \$72.00, expiring in 3 months
12 class Dance Card for \$138.00, expiring in 4 months
2. Single class tuition allows you to pay for individual classes.
Single class tuition is determined by the length of the class:
1:00-1:15 hour class: \$13.00
1:30 hour class: \$14.00

*****A rate of \$10 is available to College Students with a valid student ID**
For details, please call Paige Horton, School Registrar:
(804) 344-0906, ext. 228





SCHOOL *of* Richmond Ballet

Now Offering

Ballroom Dancing Classes!

With John Massey



Study the beautiful ballroom classics in a class designed for beginning to intermediate adult students.

Wednesdays 7:30-9:00pm

Two 5 week sessions

Session 1: The Waltz

September 16-October 14, 2009

Session 2: The Foxtrot

October 21-November 18, 2009

Price for one Session: \$100.00 per couple
 \$60.00 single person

Price for both Sessions: \$190.00 per couple
 \$110.00 single person

Please complete the registration form and return asap!

SCHOOL *of* Richmond Ballet
Ballroom Dance Registration Form

I would like to register for: Circle one (or both):

Session I: *The Waltz*
(September 16-October 14)

Session II: *The Foxtrot*
(October 21-November 18)

Payment Information:

One Session- Couple: \$100.00
Two Sessions- Couple: \$190.00

Single person: \$60.00
Single person: \$110.00

Check included #: _____ **OR** Credit Card #: _____
Exp ____ / ____ Security code: _____

Signature: _____ Date ____ / ____ / ____

My Information:

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Partner Information: (*If registering as a couple*)

Student's Name: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Release of Claims and Authorization

Release/Authorization made on (today's date) _____,
Concerning (Students Name) _____ and
(Partners Name, if registering as a couple) _____

I am aware that ballroom dancing and the exercises associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of myself (and my partner, if registering as a couple), I assume the risk and agree that the School of Richmond Ballet shall not be liable in any way for injuries sustained during attendance at the School of Richmond Ballet, its successors and its assignees for all personal injuries caused by, or arising from, the above described activities or any activities related thereto.

Further, I grant the School of Richmond Ballet, its agents and employees, permission to authorize any emergency medical treatment that may be required for myself (and my partner, if registering as a couple) during the participating session. By signing below I certify that I (and my partner, if registering as a couple) am/are covered by a valid medical insurance policy.

I/we, the undersigned, have read this release/authorization and understand all of its terms. I/we execute it voluntarily and with knowledge of its significance. I/we have executed this release/authorization on the day and year stated above.

Signature Date

Partner Signature (if registering as a couple) Date