



Student Name _____ 2018-19 Grade _____ Age _____

Parent/ Guardian Name _____

Email _____

Phone _____

Secondary Contact Name _____

Secondary Contact Phone _____

I, _____ (parent/guardian), give my permission
_____ (student's name) to participate in the VIP Arts Summer
Academy. I realize that activity that takes place away from my student's usual school may
present a higher risk of injury to my child. I also understand that this activity may be cancelled
due to changing state, national or international conditions. I assume responsibility for any
personal financial loss related to such a cancellation. In consideration for permitting my child
to participate in the VIP Arts Summer Academy, I release the School Board of Sarasota
County, The Venice Institute for Performing Arts, its employees, and agents from all claims,
judgments, costs, or other expenses including attorney's fees, resulting in any way from
participate in the academy described on this form.

Signature: _____ Date: _____

PRIVATE LESSONS

All Ages

Saturdays, June 2- July 14 (Closed July 7). Presentation on Saturday, July 21. \$30 per 30-minute lesson, \$180 for 6 weeks. \$25 Registration Fee.

Email skylar.sellitti@vipam.org to schedule your lesson time or call (941) 218-3779.

I'd like Private Lessons in: Harp_____ Piano_____

Any previous experience with this instrument? If yes, please list_____

WORKSHOPS

Entering 4th through 12th grades

Workshops require a minimum of 5 students. \$35 per workshop. Onstage Workshop July 21st 9-noon with presentation in the afternoon of July 21. Backstage Workshop 9-noon July 28.

I'd like to participate in the Workshops: Onstage_____ Backstage_____ Both_____

Payment Due with Registration

___ Check

___ Cash

___ Credit Card

Name on Card: _____

Card Number: _____

Expiration Date: ___/___ CV: _____ Billing Zipcode: _____

Card holder signature: _____