

# *Pittsburgh Youth Ballet Company & School*

**Intensive Summer Program July 5 to July 30, 2010**



**Stephanie Zungre, now New York City Ballet**  
*"PYBC helped me discover my desire and love for dance. It gave me direction to where I wanted to go in ballet. The teachers made ballet fun with all of their enthusiasm, encouraging words and corrections".*

## **Sample Schedule**

**Senior Intensive (Full Day) 12-20**

*9:30-10:00 Stretching class or Yoga class*

*10:00-12:00 Technique Class*

*12:00-1:00 Pointe*

*1:00-1:45 Lunch/Seminar*

*1:45-3:00 Variations Class*

*3:00-4:00 or 4:30 Repertoire, Jazz, or Modern, Character, Pilates, Partnering*

**Junior Intensive (3/4 Day) 7-13**

*10:00-10:30 Stretching class, or Yoga, Pilates*

*10:30-12:15 Technique Class*

*12:15-1:00 Lunch/Seminar*

*1:00-2:00 Pilates Pointe or Pre-Pointe*

*2:00-3:15 Special Technique (Pirouettes, Jumps, Grand Allegro), Jazz or Modern, Character*

**Pre-Intensive (Half Day) 6-10 years (Two weeks –July 12 to July 23)**

*10:00-10:30 Stretching class, or Yoga, Pilates*

*10:30-11:30 Technique Class*

*11:30-12:15 Lunch/Seminar*

*12:15-1:00 Variations, Jazz, or Modern, Character, Musical Theater*

Thank you for your interest in the Pittsburgh Youth Ballet Company's Summer Intensive Program. We hope you will take advantage of this exciting opportunity to study with other talented dancers from across the country at our new studios and state-of-the-art facilities.

The Summer Intensive Program begins July 5 and ends July 30, and is open to dancers of all levels. Our Intensive Program is geared towards dancers of an advanced/intermediate and advanced level ages 12-20, while our Junior Program & Pre-Intensive and is specifically designed for beginning and intermediate students ages 6-12. Moreover, for both the Intensive and Pre-Intensive programs, students have the option of attending on a weekly basis if space allows. We keep our enrollment to around 15 students per class so that each dancer will have individual attention with a strong emphasis on detail, and encouraged to achieve artistry and clean strong technique.

Our summer faculty includes some of the most distinguished teachers and choreographers from around the world, including Katrina Killian, Jean Gedeon, Dana Arey, Steven Annegarn, Erin Halloran, Peta Barrett, Alan Obuzor, and Ruth Leney-Midkiff along with other internationally renowned teachers as jazz great Joe Istre. Dancers will have the opportunity to take advantage of many planned activities including swimming, picnics, sightseeing, educational tours, water parks, amusement parks, shopping, as well as enjoying dance and musical performances.

Dancers 12 years of age and older can be housed at a hotel with efficiency apartments, or with wonderful host families. Students will be housed on one floor and supervised 24 hours a day by adult chaperones and resident assistants. If you would like to make your own housing arrangements we would be happy to help you with a list of Hotels, Motels, furnished apartments, and economical all suites hotels within a 15 minute radius. Teachers are welcome to observe two classes a day free of charge. Finally, transportation to and from the airport can be arranged. (See Transportation Form)

Please note that housing and enrollment is limited and classes are filled in the order in which the completed forms and deposits are received. If we can help you in any way please call our office at (724) 969.6000, or FAX (724) 969.6900 or 412.384.3255, or Email at [info@pybco.org](mailto:info@pybco.org). Lastly, we invite to learn more about us by visiting our web site at [www.pybco.org](http://www.pybco.org) as it is under construction and updated almost weekly. Call or email us for a FREE Brochure. We look forward to hearing from you.



*One of PYBC's four Studios*

# Pittsburgh Youth Ballet Co. Payment Schedule

## Photos Required

Photos in 1<sup>st</sup> arabesque en Pointe (if applicable) or demi Pointe, and tendu à la seconde en face are required for new and out of town students. Please E-mail your photos or send them with your application forms. Photos must be received before notification of acceptance. You may FAX 724.969.6900 or email to pybco@comcast.net.

## **July 5, 2010- July 30, 2010**

**Senior Intensive Four-Week Summer Program Tuition**

Ages 12-20 (full day): 4 weeks \$1600.

**Junior Intensive Four-Week Summer Program Tuition**

Ages 7-13 (¾ day): 4 weeks \$1300.

**Pre-Intensive Two-Week Summer Program Tuition**

Ages 6-10 (½ day): 2 weeks \$500. July 13 to July 24

Weekly Enrollment Tuition Option:

**Senior Intensive** weekly Summer Program

Ages 12-20 (full day) \$425.00 weekly.

Weekly Enrollment Tuition Option:

**Junior Intensive** weekly Summer Program

Ages 7-13 (¾ day): \$350.00 weekly

Weekly Enrollment Tuition Option:

**Pre-Intensive** Summer Camp July 12 to July 24

Ages 6-10 (½ day): \$275.00 weekly . One week available if space allows

Hotel Housing is \$500 weekly - Host Families \$425.00 Weekly

*You must be registered for the full week. You can not make up a day or two in the following week as it may overcrowd the classes. You may pay for individual days if there are openings in the class.*

*Lunches must be ordered the first day of the week at registration if you are buying your lunch. \$6.00 a day includes a choice for lunch with salad, fruit, cookie and unlimited drinks.*

<b>Senior</b>	<b>Junior</b>	<b>Pre-Intensive</b>
\$35.	\$35.	\$35. Application fee (non-refundable)
\$400.	\$300.	\$200. Tuition deposit, which is applied to total tuition. (non-refundable)
\$400.	\$400.	\$400. If Applicable - Housing Deposit

**\*Priority registration to those students attending four weeks. Enrollment is limited. Classes are filled on a first-come basis. A list of inexpensive housing and nicely furnished group housing can be arranged. Make checks payable to PYBC, 210 Valley Brook Road, McMurray, PA 15317.**

## Payments

By May 30	Balance of Tuition (Open Enrollment if space allows)
By June 1	Balance of Housing
By June 10	All fees must be paid

**Please register early. You will be notified within two weeks by Email or 10 days by regular mail.**

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



PYBC performing Jerome Robbins' "Circus Polka"

## **Scholarships and Resident Assistants**

Scholarship application forms are available online. Scholarships are based on ability, talent, and financial need. To be offered a scholarship you must audition in person or send a video.

## **Chaperone and Resident Assistants**

If you would like to be considered for a chaperone, resident assistant, intern or work-study student, please contact us at 724.969.6000 Email pybco@comcast.net with a resume.

## **Attendance Information**

Please indicate the weeks in which you will be attending \_\_\_\_\_ :

Senior Intensive 4 Week: \_\_\_\_\_

Junior Intensive 4 Week: \_\_\_\_\_

Pre-Intensive 2 week: \_\_\_\_\_

Senior Intensive weekly: \_\_\_\_\_ to \_\_\_\_\_

Junior Intensive weekly: \_\_\_\_\_ to \_\_\_\_\_

# Pittsburgh Youth Ballet Co. Summer Application Form

St Petersburg Center • 210 Valley Brook Road • McMurray, PA, 15317

Phone: 724. 969.6000 • FAX 724. 969.6900 or 412.384.3255

Email - [info@pybco.org](mailto:info@pybco.org) or [pybco@comcast.net](mailto:pybco@comcast.net) • website- [www.pybco.org](http://www.pybco.org)

Name \_\_\_\_\_ SS # \_\_\_\_\_  
*(Last) (First)*

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's cell Phone \_\_\_\_\_ Student's cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone/ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Emergency Phone(\_\_\_\_\_) \_\_\_\_\_

Former & Current Ballet School \_\_\_\_\_

Number of Years Attended \_\_\_\_\_

Teachers \_\_\_\_\_

*I understand that full tuition is due regardless of the number of classes attended.*

**Parent Signature** \_\_\_\_\_

*VISA / MasterCard /American Express Checks should be made payable to **PYBC** School*

Credit Card \_\_\_\_\_ Ex. Date \_\_\_\_\_

Zip code \_\_\_\_\_ 3 or 4 Digit code \_\_\_\_\_

Dates Attending \_\_\_\_\_



**Tuition Deposit** \_\_\_\_\_

**Summer Tuition** \_\_\_\_\_

**\$35 Application Fee** \_\_\_\_\_  
*(\$40 Family Application fee - non refundable)*

**Total Tuition** \_\_\_\_\_

**Housing** \_\_\_\_\_

**\$25/wk Activities Fee** \_\_\_\_\_  
*(For out of town students only)*

**Total Enclosed/ Deposit** \_\_\_\_\_

**Check #** \_\_\_\_\_

# Pittsburgh Youth Ballet Company Activities

## **Please note:**

*In addition to the cost of the activity, all out-of-town students will be charged a \$25 per week activities fee, due with the final payment of housing.*

## *Activities*

*Please indicate the activities and seminars you may be interested in. (approximate costs)*

- Picnic and Swimming
  - Kennywood Amusement Park \$28.00
  - Sand Castle Water Park \$25.00
  - Miniature Golf \$8.00
  - Wave Pool \$8.00
  - Carnegie Science Center \$15.00
  - Civic Light Opera \$25.00
  - Dinner at the Le Mont – Mt. Washington -overlooking downtown Pittsburgh \$30.00
  - Carnegie Museum - \$10.00
  - Gateway Clipper Boat Ride \$10.00
  - Just Ducky Tours Inc. A narrated tour ride of downtown streets and waterways
  - Movies you would like to see \_\_\_\_\_
- 

## *Free Seminars*

- Stage Make-up
- Hairstyles for Dance
- Nutrition
- Injury Prevention
- Pointe Shoes
- Costuming and skirt-making (*optional \$10.00 for fabric if keeping your skirt*)
- Choreography
- Acting
- Musical Theatre



*PYBC's "Serenade" Choreography by George Balanchine © The George Balanchine Trust*

# Pittsburgh Youth Ballet Company School

## Summer Housing Preference Form

Please complete this form and return it immediately or FAX (412)384.3255. Failure to return this form will result in being randomly assigned. The staff will use the information below in assigning host families. We cannot guarantee these preferences will be met.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Do you want to share your email? \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Housing Preference:** Host Family \_\_\_\_\_ Hotel \_\_\_\_\_ Apartment \_\_\_\_\_ Dorm \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birth date \_\_\_\_\_

### Roommate requests must be mutual.

Preferred Roommate: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Please indicate the responses that best reflect your lifestyle:

1. What kind of person are you?  
\_\_\_\_\_ *A morning person* \_\_\_\_\_ *A night person* \_\_\_\_\_ *In-between*

2. What time do you expect to get up on weekdays?  
\_\_\_\_\_ *Before 6 a.m.* \_\_\_\_\_ *6-7:30 a.m.* \_\_\_\_\_ *7:30-9 a.m.*

3. What time do you expect to go to sleep on weekdays?  
\_\_\_\_\_ *Before 9 p.m.* \_\_\_\_\_ *Before 10:00 pm* \_\_\_\_\_ *Between 10:00-11:00 p.m.* \_\_\_\_\_ *11:30 p.m.*

4. What time do you expect to get up on weekends?  
\_\_\_\_\_ *Before 7 a.m.* \_\_\_\_\_ *7-8 a.m.* \_\_\_\_\_ *8-10 a.m.* \_\_\_\_\_ *10 a.m.-12 p.m.*

5. What time do you expect to go to sleep on weekends?  
\_\_\_\_\_ *Before 10 p.m.* \_\_\_\_\_ *10-11:30 p.m.* \_\_\_\_\_ *11:30 p.m.-1:00 a.m.*

6. What kind of sleeper are you?  
\_\_\_\_\_ *A light sleeper* \_\_\_\_\_ *A deep sleeper* \_\_\_\_\_ *In-between*

7. When do you feel most comfortable in your room?  
\_\_\_\_\_ *When everything is neat and in its place*  
\_\_\_\_\_ *When it's clean - but it's sometimes really messy.*  
\_\_\_\_\_ *It doesn't really matter what it looks like.*

8. What kind of a person do you consider yourself? \_\_\_\_\_ *Neat* \_\_\_\_\_ *Messy* \_\_\_\_\_ *In-between*

9. Do you like pets? \_\_\_\_\_ *Yes - All* \_\_\_\_\_ *Cats* \_\_\_\_\_ *Dog* \_\_\_\_\_ *No-None*

10. Smoking environment? \_\_\_\_\_ *Yes* \_\_\_\_\_ *No* \_\_\_\_\_ *Indifferent*

11. Do you have any allergies? \_\_\_\_\_

12. Will you be taking any prescribed medications \_\_\_\_\_

13. Please describe any health conditions \_\_\_\_\_

14. Do you require a special diet? \_\_\_\_\_

15. Do you like company or would prefer a quiet room \_\_\_\_\_

# Pittsburgh Youth Ballet Co. - What To Pack

**Girls:** at least 6 pairs of pale pink tights and a pair of black footless, or stirrup tights. Also, pink ballet shoes (leather split-soles recommended), and Pointe shoes. A black and a white lined leotard - Mirella preferred, and at least one solid color leotard. Color coordinating, plain, short wrap skirts are optional and are permitted in the center only. Character shoes and skirt, and jazz shoes are recommended.

**Boys:** Tights – 2 or 3 pairs of black tights, (gray and white if you have them). White ballet shoes and thin socks and at least 7 plain, white t-shirts. Character shoes are recommended.

## Also:

Box of favorite cereal, 3-4 favorite snacks (well sealed, enough to share), 1 dressy outfit, jacket or sweatshirt, plenty of hair supplies, toothbrush, toothpaste, deodorant, etc., bathing suits, beach towel, sunscreen, shorts, tops, jeans, underwear, socks, pajamas, any medications, Pointe shoes and sewing supplies, laundry bag or basket, change for washer and dryer, comfortable walking shoes. Bring your favorite DVD's or Video tapes.

\*All clothing, especially leotards, tights and shoes must be marked with a laundry marker.

You will need a plain black leotard and a plain white Mirella lined camisole leotard. Plain colored leotards are optional. If you would like us to order a leotard for you please circle below for a Mirella lined leotard (\$34.00) We have a Ballet Shop on the premises.

White \_\_\_\_\_ Black \_\_\_\_\_ Petite \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Camisole \_\_\_\_\_ Thick Strap \_\_\_\_\_ Color \_\_\_\_\_ or Cap Sleeve \_\_\_\_\_ Color \_\_\_\_\_

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

*Please make a separate check payable to: **The Ballet Shop** For more information call 724.969.6900*

## Optional

Camera and film or memory stick

Favorite videotapes or DVD's

Movies, books, and magazines

Cell phone and charger

Stationery and stamps

Money for amusement parks

Change for coin operated laundry\*

Favorite Pillow

Small Flashlight, reading light, night light

Zip Lock Bags for snacks



PYBC *Nutcracker* "Waltz of the Flowers"

# Pittsburgh Youth Ballet Co. Medical Release Form

Dear Parents:

Please read the following carefully: Your child will not be permitted to attend classes until this release is received by PYBC. "I am aware that ballet dancing and the gymnastic exercise associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the Pittsburgh Youth Ballet School, Pittsburgh Youth Ballet Company, Board of Directors, Faculty, and any of the chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the school or any of its related functions." My child has permission to be treated for emergency medical care.

*\*We need a photocopy of your insurance card, both sides please.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Medical Insurance*

\_\_\_\_\_  
*Family Physician & Phone Number*

\_\_\_\_\_  
*Witnessed by*

\_\_\_\_\_  
*Agreement Number*

\_\_\_\_\_  
*Allergies & prescriptions*

## Pittsburgh Youth Ballet Media Release Form

I give my permission for photographs or television footage that include my child to be used for promotional purposes on television, or in newspapers, magazine or any other media.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*



"Celebrating 25 Years" Spring Byham Theater - NYCB's Daniel Ulbricht

Contact us at:

Email [info@pybco.org](mailto:info@pybco.org) · Web Site: [www.pybco.org](http://www.pybco.org)  
St. Petersburg Center • 210 Valley Brook Road, McMurray, PA, 15317  
Phone: 724. 969.6000 • FAX 724. 969.9600 or 412.384.3255

# PYBC Transportation Form

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT:  
(NAME) \_\_\_\_\_ (PHONE) \_\_\_\_\_

Transportation will be provided from and/or to the Pittsburgh International Airport, train or bus stations for all summer students for a fee of \$35 each way, payable to PYBCS. Please do not make flight arrangements on the last flight of the day.

If you have any questions or concerns on the day of travel, do not hesitate to call the PYBC office at 724.969.6000, or Mrs. Gedeon cell at (412) 638.4994 or Kristin Busselberg (412) 620.1590 in case of an emergency or Flight delay.

Please check if you need transportation:

**From** the airport: \_\_\_\_\_ **From** the train or bus station: \_\_\_\_\_

**To** the airport: \_\_\_\_\_ **To** the train or bus station \_\_\_\_\_


**If you are providing your own transportation check here: \_\_\_\_\_**

Please make checks payable to PYBC or charge to Visa, MasterCard, Discover or American Express.

Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Charge #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 or 4 digit code \_\_\_\_\_

**Please list all connecting flights to Pittsburgh.** \_\_\_\_\_

DEPARTING FROM	DATE	FLIGHT #	ARRIVAL TIME	AIRLINE
Original Departing City				
Connecting Flight from:	DATE	FLIGHT #	ARRIVAL TIME	AIRLINE
DEPARTING TO	DATE	DEPARTURE FLIGHT #	DEPARTURE TIME	AIRLINE
DRIVING IN?	DATE	APPROX. ARRIVAL TIME		

# Pittsburgh Youth Ballet Company ▪ School Registration Form

St. Petersburg Center • 210 Valley Brook Road • McMurray, PA 15317

724.969.6000 • FAX 724.969.6900/412.384.3255

Website: [www.pybco.org](http://www.pybco.org) • email: [info@pybco.org](mailto:info@pybco.org)

Name \_\_\_\_\_  
Please Print - Student's Last Name | Please Print - Student's First Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Home Email: \_\_\_\_\_

Students Cell # \_\_\_\_\_ Students Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone/Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone/ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Emergency Phone ( \_\_\_\_\_ ) \_\_\_\_\_ (Leotard Size) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Former & Current Ballet School \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Teachers \_\_\_\_\_

How did you find out about us? Phone Book Word of mouth News Articles TV Commercials Sign Web Other \_\_\_\_\_

**Checks made payable to PYBCS • VISA, MasterCard or American Express Accepted**

*Three tuition payment plans available for your convenience, per Month, per Trimester, or per Year. The registration fee is due yearly and for the summer session.*

Card # _____	EX <u>3 or 4 Digit Code</u> _____		
	Monthly Plan	Trimester	Year
Registration fee yearly	\$35.00	\$35.00	\$35.00
Family Yearly Registration fee	\$40.00	\$40.00	\$40.00
Service Fee per Trimester	\$10.00	None	None
Yearly Discount	None	None	10% Discount with a valid Check or Debit Card.

Class Level	_____
Payment Plan	_____
Tuition	_____
Registration Fee	_____
Service Fee	_____
Discount	_____
Check # _____	_____
Total Enclosed	_____

*I agree to the above tuition and realize that all payments are due for the school year regardless of the number of classes attended. I also understand no refunds will be given unless a withdrawal notice is accompanied by a verified Doctor's excuse stating extreme illness or injury.*

**\*Must be signed** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or guardian

**Pittsburgh Youth Ballet Company & School Medical Release Form**

*"I am aware that ballet dancing and the gymnastic exercise associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the Pittsburgh Youth Ballet School, Pittsburgh Youth Ballet Company, Board of Directors, Faculty, and any of the chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the school or any of its related functions." My child has permission to be treated for emergency medical care.*

Medical Insurance \_\_\_\_\_ Agreement Number \_\_\_\_\_

Family Physician & Phone Number \_\_\_\_\_ Allergies \_\_\_\_\_

Please share any information that will help us provide a safe and positive experience for your child while at PYBC. \_\_\_\_\_

**\*Must be signed** \_\_\_\_\_  
Signature of parent or guardian Date \_\_\_\_\_ Witnessed by \_\_\_\_\_

**Pittsburgh Youth Ballet Company & School - Media Release Form** -I give my permission for photographs or television footage that include my child to be used for promotional purposes on television, newspapers, magazines, brochures, billboards or any other form of advertising.

**\*Must be signed** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or guardian