

Luigi Jazz Technique Teacher Certification Program

Contact Information:

NAME: _____ DATE OF BIRTH (mm/dd/yy): __/__/__

PRIMARY EMAIL: _____

PHONE: (home) _____ (cell) _____

Secondary Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Gender: male female Luigi Jazz Centre Alumni: yes no

Dance School Information (if applicable):

Name of School: _____

Affiliation/Current Title: _____

School Email: _____

School Address: _____

City: _____ State: _____ Zip: _____ Country: _____

School Phone: _____ School Website: _____

Luigi Jazz Technique beginner through advanced levels: Pre-requisite: *Candidates must have reached an advanced or professional level of ballet and jazz training. Dance performance/teaching resume required.* PLEASE CHECK WHICH SESSION YOU WOULD LIKE TO ATTEND

- | | |
|---|---|
| <input type="checkbox"/> "Week 1, Virtual Program" December 4-8, 2023 | <input type="checkbox"/> "Week 1 Virtual Program" January 8-12, 2024 |
| <input type="checkbox"/> "Week 2, Virtual Program" December 11-15, 2023 | <input type="checkbox"/> "Week 2 Virtual Program" January 15-19, 2024 |
| <input type="checkbox"/> Tuition Balance Due: December 1, 2023 | <input type="checkbox"/> Tuition Balance Due: January 2, 2024 |
| <input type="checkbox"/> Tuition \$550 per week fee | |

Housing is not provided. The training materials are distributed on the first day of the training and fee will be due at that time. Tuition payments can be made by PAYPAL, VENMO, or money order made payable to The Jazz Dance Legacy LLC, memo: "Luigi's Jazz Technique Teacher Certification Program" or by credit card. We accept MasterCard, Visa & American Express. There are no refunds on tuition payments. By registering for this course, I agree that the decision made by the certification examiner following the teacher training intensive is final. This registration absolves Luigi's Jazz Technique Teacher Certification Program, of all liability. I also understand and agree that I may be photographed and/or videotaped during training activities and I grant to Luigi's Jazz Technique Teacher Certification Program an unrestricted right to use in any form my image, picture, likeness, voice, and/or name for all Luigi's Jazz Technique Teacher Certification Program and commercial purposes.

Signature: _____

EMAIL THIS COMPLETED FORM WITH YOUR TEACHING/PERFORMING RESUME AND THE HALF TUITION DEPOSIT BY THE DEADLINE TO: **The Jazz Dance Legacy LLC, memo: Luigi Jazz Technique Teacher Certification Program**, 1504 Amitola ave, Las Vegas, NV 89123, WE WILL SEND YOU A CONFIRMATION VIA EMAIL AFTER WE HAVE RECEIVED AND PROCESSED YOUR COMPLETED FORM.