



PERIOD DANCES

SUMMER SCHOOL

July 30 - August 4, 2017



Registration form
(1 for each person)

NAME : _____ First name : _____

Address : _____

Phone : _____ e-mail : _____

N.B : before filling in this form, call 0033 145 708 394 or contact us at contact@chestnut.fr to check on vacancies per type of accommodation

Table A / Please choose 1, 2 or 3 workshops

Morning			Afternoon		
Tick one box only or none			Tick all, one box or none		
Figure dances, Italian and English tradition(16th and 17th century) (3 hours)	<input type="checkbox"/>	(3 hours : 9.45-12.45)	Jane Austen's and Regency Dances (1 hour and a half)	<input type="checkbox"/>	(15.00-16.30 or 17.00-18.30 on alternate days)
ou			and / or		
Baroque dances (3 hours)	<input type="checkbox"/>		Danses 1er Empire (1 hour and a half)	<input type="checkbox"/>	
Total number of workshop hours(1hour 30, 3 hours, 4 hours 30 ou 6 hours) = * 1 module of					_____ h _____

Tableau B / Please choose one type of accommodation and organic meal (prices per person): circle your choice (1)

Price per person	Single bedroom	Twin bedroom (2 single beds)	Room with 1 double bed	Collective bedroom	Camping
Full board	€ 250 / pers.	€ 220 / pers.	€ 204 / pers.	€ 195 / pers.	€ 172 / pers.
Half board	€ 194 / pers.	€ 164 / pers.	€ 148 / pers.	€ 139 / pers.	€ 116 / pers.
Nights only (no breakfast)	€ 118 / pers.	€ 88 / pers.	€ 72 / pers.	€ 63 / pers.	€ 40 / pers.

* Cooking is a possibility but only for a limited number of persons : check with us

Teaching costs (price per person)			
I'll take : (table A*)	1 one-hour -and-a-half = € 125 1 three-hour module = € 216 1 four-and-a-half-hour = € 288 1 six-hour = € 336	Total teaching costs =	€ _____
Total accommodation and meals (table B) =			€ _____
TOTAL due =			€ _____
Deposit : 30% of Total amount do not include cents (Please note : the deposit is NOT refundable) =			€ _____

I hereby confirm my registration by sending this fully filled in form and a cheque(*) written to Chestnut, to

CHESTNUT
Tour Atlas 401
10 villa d'Este
75013 PARIS
FRANCE

Date : _____ Signature : _____

(*) Contact us for a payment from a foreign country