

2019 BAIRA INTENSIVE DETROIT WINTER INTENSIVE

INFORMATION AND REGISTRATION FORMS



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2019 BAIRA INTENSIVE DETROIT WINTER INTENSIVE

JANUARY 2-5, 2019

Presented by:

Wayne State University

Maggie Allesee Department of Theatre and Dance

&

Shaina Branfman Baira and Bryan Strimpel Baira

No Audition Required

Students ages 14 and up attending the 2019 BAIRA Intensive Detroit - Winter will:

Study the movement and performance practices of Shaina Branfman Baira & Bryan Strimpel Baira.

Train in contemporary floor work, partnering, technique, physical conditioning, and self-awareness. BID-W offers practices for the personal and professional development of dedicated contemporary dance artists.

Receive an in-depth experience with BAIRA's choreographic process and learn company repertoire.

Perform company repertoire at Wayne State University's Maggie Allesee Studio Theatre.

Registration Fee for the BAIRA Intensive Detroit - Winter is:

\$325 (tuition) + \$25 (registration fee) = \$350 (total)

Applications and payment deadline is January 1, 2019.

Space is limited, early registration is suggested!

MAILING ADDRESS: BAIRA INTENSIVE DETROIT - Maggie Allesee Department of Theater and Dance

4841 Cass Avenue, 3226 Old Main Building, Detroit, MI 48202

CONTACT INFORMATION: (P) 313-577-2143, (E) BairaIntensiveDetroit@gmail.com, (W) <http://theatreanddance.wayne.edu/dance/baira.php>

BID-W Registration Information 2019

(PLEASE **PRINT** CLEARLY & COMPLETE FORMS)

Student Full Name: _____

Nickname (Optional): _____ Gender: I Identify as _____ Age: _____

Student's Phone: *Home* _____ Student's Phone: *Cell* _____

Address: _____

City: _____ State: _____ Zip: _____

Student Email: _____

Emergency Contact (1): _____

Relationship: _____ Phone: _____

Contact Email: _____

Emergency Contact (2): _____

Relationship: _____ Phone: _____

Contact Email: _____

Academic School: _____ Grade (In the fall): _____

Dance Studio/ Training (Address/E-mail):

TUITION OVERVIEW

Tuition Payment

**Registration Form MUST be accompanied by a minimum of \$25 to register if tuition is not being paid in full.*

_____ BAIRA Alumni tuition (\$350 Tuition - \$25 Reg - \$25 Off Tuition) = \$300.00

- o *Deadline January 1, 2019*

_____ BID-W tuition (\$325) w/ registration fee (\$25) = \$350.00

- o *Deadline January 1, 2019*

_____ Other _____

Payment Options

**Fill out line 1 or 2 for your payment option. (Line 1: Check/Money Order, Line 2: Credit Card)*

1. Total Amount Enclosed: \$ _____ Check / Money Order # : _____

2. Online Payment Amount: _____ Confirmation Number: _____

**Please forward your payment confirmation email to BairalIntensiveDetroit@gmail.com*

***NOTE:** Credit Card Transactions will be charged a 3% processing fee.

***NOTE:** Checks and Money Orders are made payable to "Wayne State University"

For Administrative Purposes Only

CHECK

Name on Check: _____

Check # : _____ Check Amount: _____

Total Payment: Y / N Check Cleared: Y / N

CREDIT CARD

Name on Credit Card: _____

Confirmation # : _____

Payment Amount: _____

Total Payment: Y / N

Staff Initial: _____

Date: _____

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MEDICAL HISTORY

Clearly print all information and attach a copy of insurance card

DUE BY JANUARY 1, 2019

STUDENT INFORMATION

Student's Full Name: _____

Home Address: _____

Phone Number: _____ Social Security # _____ - _____ - _____

INSURANCE INFORMATION

Policy Holder: _____ Employer: _____

Insurance Company: _____ Phone Number: _____

Name of any specific agent to contact: _____

Policy # _____ Group # _____

Policy Holder's Social Security # _____ - _____ - _____ Date of Birth ____ - ____ - ____

MEDICAL HISTORY

Known allergies (drugs, etc.) and/or preexisting condition(s): _____

List and explain any medications that the student is currently taking: _____

Recent Injuries: _____

Chronic Injuries: _____

Blood Type: _____

Family Physician: _____ Phone Number: _____

Person filling out this form (please print): _____

PHYSICAL EXAMINATION

Please answer each item carefully and accurately to assure a medically meaningful document. The information is strictly confidential. A physical examination is not required, but highly recommended to participate in the BAIRA Intensive Detroit - Winter.

Name (Last)	First	MI			Birthdate	Sex Female Male
Address		City	State	Zip	Phone	
Emergency Contact		Relationship			Phone	
E.C Address		City	State	Zip	Phone	
Personal Physician					Phone	
Will you be covered by a medical Insurance policy while enrolled?			Yes	No	If yes, name of insurance company	

IMMUNIZATIONS: The BAIRA Intensive Detroit - Winter at WSU requires that all students born after 1956 must have had 2 doses of a measles containing vaccine (rubella, M.R., M.M.R.) prior to registration. One dose must have been after 1980 and at least one of the does must have been a M.M.R.

Required	First Immunization			Second Immunization				
	Vaccine/Type	Month	Date	Year	Vaccine/Type	Month	Date	Year
Measles								
German Measles								
Mumps								

Or in lieu of the above: Positive titer date (Rubella) ___/___/___

Positive titer date (Rubella) ___/___/___

Recommended

Please specify dates

Polio ___/___/___

*Tetanus ___/___/___

*A tetanus booster or basic series within the past 6 years is recommended for admission

Hepatitis B (3shots) ___/___/___
1st

___/___/___
2nd

___/___/___
3rd

TB Skin Test (PPD) ___/___/___ Results: Positive _____mm / Negative _____

Physician or Authorized Signature

Date

License # or Office Stamp

FAMILY HISTORY

	Age	Occupation	Significant Medical Problem
Father			
Mother			
Sibling			
Sibling			
Sibling			

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Have you had allergies to any drugs? (please specify) _____

Are you taking any medication (ex. hormones, inhalers, etc) on a regular basis? (please list) _____

Have you ever had any significant/chronic medical conditions(s)? (Please specify) _____

Have you ever had a serious injury or surgery? (please list) _____

Do you have any illness or medical condition that required regular treatment or alteration of your manner of living? _____

Is there any other information which could be of assistance? _____

Have you had any of the following? Select "yes" or "no" to all questions about your personal medical history and briefly comment on "yes" answers in the space provided (dates, complications, etc.).

- | | |
|---|---|
| Yes No Asthma | Yes No Repeated Urinary Tract Infections |
| Yes No Rheumatic Fever | Yes No High Blood Pressure |
| Yes No Congenital Heart Problems/Disease | Yes No Abnormal Bleeding Tendency |
| Yes No Hepatitis | Yes No Epilepsy, Convulsions, Seizures |
| Yes No Diminished Hearing | Yes No Cancer |
| Yes No Infectious Mononucleosis | Yes No Gastric or Duodenal Ulcer |
| Yes No Gall Bladder or Liver Disease | Yes No Tuberculosis |
| Yes No Diabetes | Yes No Thyroid Disease |
| Yes No Sever Headaches | |

Comments : _____

I certify that this information given on this form is true and correct, and I have no abnormality, limitation, or restriction not mentioned on this document. I understand that any false information, willful or negligent misrepresentation or failure to disclose any requested information could be sufficient grounds for dismissal from the Winter Intensive. I acknowledge by my signature that I have read and understand these statements and I hereby authorized the medical professionals of the CCB Detroit Winter Intensive at WSU to treat my child's medical conditions that appear indicated to them.

Signature _____ Date Signed _____

The following physical exam is highly recommended by is not a requirement

Name: _____ Social Security Number: _____
 Height: _____ in. Weight: _____ lbs. Temp: _____ F Pulse _____ BP _____
 Laboratory: Hemoglobin or Hemacrit _____ Urine SP Gr. _____ Alb. _____ Sugar _____
 TB Skin Test: Date _____ Results: _____ Name of Test _____

Eyes: Are glasses worn? Yes No Ears: Is hearing normal? Yes No
 Is color vision defective? Yes No Are drums intact? Yes No
 Distant Vision: Right 20/ _____ Corrected to 20/ _____ Left 20/ _____ Corrected to 20/ _____
 Near Vision: Right 20/ _____ Corrected to 20/ _____ Left 20/ _____ Corrected to 20/ _____

(Wearers of contact lenses are advised to have a pair of glasses for alternative use.)

- | | |
|---|---|
| Normal Abnormal Skin | Normal Abnormal Abdomen |
| Normal Abnormal Head, Face, Neck | Normal Abnormal Endocrine System |
| Normal Abnormal Nose and Sinuses | Normal Abnormal Spine |
| Normal Abnormal Mouth and Throat | Normal Abnormal Neurologic |
| Normal Abnormal Teeth | Normal Abnormal Hernia |
| Normal Abnormal Lungs and Chest | Normal Abnormal Genitalia |
| Normal Abnormal Heart | Normal Abnormal Breasts |
| Normal Abnormal Vascular | Normal Abnormal Pelvic, if indicated |

Are Muscle strength and function of extremities normal and all digits present? Yes No

Comments: _____

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BAIRA | MVMNT PHLSPHY

WAYNE STATE
UNIVERSITY
MAGGIE ALLESEE
DEPARTMENT OF
THEATRE AND DANCE

Signature of M.D./O.D.

Date

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RULES, PROCEDURES AND STANDARDS OF CONDUCT

BAIRA Intensive Detroit - Winter participants are expected to review the rules, procedures and standards of conduct established by the BAIRA Intensive Detroit - Winter (BID-W) Program. A participant who does not fulfill the responsibilities set forth by such rules, procedures and standards of conduct may be subject to disciplinary action including dismissal from the program as outlined in the Progressive Sanctions Policy listed below.

BID-W /WSU Progressive Sanctions Policy:

1. **Warning:** A written documentation of the infraction, phone call to parents and/or legal guardian.
2. **Corrective Action Plan:** A written documentation of infraction, phone call to parents and/or legal guardian and a corrective action plan to help foster discipline and respect, which is determined after a meeting with the Artistic Directors, Program Director and Office Manager.
3. **Dismissal:** Dancer will be dismissed from the program at the expense of the student and a phone call to parents and/or legal guardian.

1. WARNING:

Examples of unacceptable conduct by students, which are subject to a Warning: (not limited to)

- Unexcused tardiness or absences from attendance checks, classes, rehearsals, performances, or other scheduled activities;
- Disruptive conduct, horseplay;
- Not following Safety Rules (see below)

2. CORRECTIVE ACTION PLAN:

Examples of unacceptable conduct by students, which are subject to a Corrective Action Plan: (not limited to)

- Communication with individuals not associated with the program;
- Insubordinate or disrespectful behavior toward BID-W personnel;
- Not following Safety Rules (see below)

3. DISMISSAL: (Zero Tolerance)

Examples of unacceptable conduct by students, which are subject to dismissal: (not limited to)

- Unlawful activity of any kind;
- Possession or use of drugs, alcohol, fireworks, firearms, and tobacco
- Destroying or defacing property at Wayne State University
- Fighting; threatening or attempting to cause bodily harm to another person on the premises
- Harassment - abusive language

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SAFETY RULES:

- Students are required to travel in groups of two or more when they are traveling from studio to studio and around Old Main.
- Students should immediately report any accident or illness to their instructor.
- Students are required to wear their nametags in a clearly visible manner at all times.

ETIQUETTE:

Etiquette is extremely important to the BID-W Program, but it is also important for maturing dancers readying themselves for the professional world. The following are important things that students should familiarize themselves with both inside and outside the studio.

- Students should remove warm-ups and cease talking when BID-W faculty enters the studio.
- Cell phones are only to be used during designated times: lunch and after class. ALL PHONES MUST BE SILENCED DURING CLASS/REHEARSAL.
- Drink water to stay hydrated. Have a water bottle with you at all times.
- Clean up after yourself. Remove anything you brought into the studio when you leave, including Band-Aids, tape, lamb's wool, wrappers, water bottles, paper, etc.

CONTACT and EARLY DEPARTURE

To contact your student during the daytime hours – In case of an emergency only, contact Meg Paul (o) 313-577-2143 or (c) 917-679-4866.

Medical or family emergencies are the only acceptable reasons for an early departure from the program. If a student must leave the program early due to a medical or family emergency, the parent or legal guardian must contact the Program Director and Office Manager to sign the student out.

**PAGES 8-9 ARE FOR YOUR RECORD
PLEASE PRINT THE FOLLOWING PAGES WHERE APPLICABLE AND RETURN TO THE
BID-W OFFICE BY January 1, 2019.**

*18 Years of Age or Older (Print Page 10)
17 Years of Age and Under (Print Pages 11-12)*

STANDARDS OF CONDUCT AND LIABILITY AGREEMENT

BAIRA Intensive Detroit - Winter and the Maggie Allesee Department of Theatre and Dance are committed to providing our students with a secure atmosphere to learn. In order to do so, strict standards of conduct have been established. To verify that you understand the terms of our policies, please initial or sign where necessary and return the statements below:

ALL PARTICIPANTS 18 YEARS OF AGE OR OLDER MUST SIGN THIS FORM

WAIVER AND RELEASE OF LIABILITY

I, _____, recognize and understand the risk of physical injury inherent in dance and dance training, and, thus I fully assume those risks. I waive and release BAIRA Intensive Detroit - Winter (hereafter BID-W), Wayne State University (hereafter WSU), and their respective employees, agents, governing board members, faculty members, associates, and students (including those serving as chaperones) ("Released Parties") from any and all liability arising out of or relating to any injuries that I sustain or illnesses that I contract in connection with my participation in the BID-W or related activities.

I understand and agree that it is my sole responsibility to safeguard my personal property. I will not hold the Released Parties responsible for loss of or damages to my personal property while attending or participating in the BID-W or related activities.

In case of physical injury or medical emergency, I hereby authorize BID-W staff and faculty to make necessary arrangements to transport me to a medical treatment facility as needed and to notify the person who I have designated as my emergency contact.

Signature

Date

Print

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STANDARDS OF CONDUCT AND LIABILITY AGREEMENT

ALL PARENTS or LEGAL GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18 MUST COMPLETE AND SIGN THIS FORM

WAIVER AND RELEASE OF LIABILITY

I, _____, parent or guardian of _____ ("Participant"), recognize and understand the risk of physical injury inherent in dance and dance training. I, on behalf of myself and Participant, waive and release BAIRA Sumer Dance Intensive (hereafter BID-W), Wayne State University (hereafter WSU), and their respective employees, agents, governing board members, faculty members, associates, and students ("Released Parties") from any and all liability arising out of or relating to any injuries that Participant sustains or illnesses that Participant contracts in connection with Participant's participation in the BID-W or related activities.

I understand that I should accompany Participant while he or she is traveling to and from the BID-W in order to ensure his or her safety and security during the entire travel process. I further understand that, if I am unable to accompany a Participant, I must arrange transportation for Participant. I agree that, when such transportation is arranged, BID-W and WSU are responsible for Participant only from the point that Participant passes through Old Main.

In an extreme emergency, I understand that BID-W staff and faculty will make every attempt to notify the person(s) that the Participant has named as his or her Mother/Father, or emergency contact, of Participant's condition, location, and way to contact Participant.

I understand and agree that it is my sole responsibility to safeguard my personal property. I will not hold the Released Parties responsible for loss of or damages to my personal property while attending or participating in the BID-W or related activities.

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I have read the BID-W "Rules, Procedures and Standards of Conduct." I understand that my child must adhere to all provisions of the Student Conduct Requirements, and that failure to comply with these terms may result in my child's dismissal from the intensive, without refund of tuition, room, or board. I hereby waive any claim that I, or my child, may have against the Released Parties that arises out of or relates to the Student Conduct Requirements.

By Student:

Signature *Date*

Print

By Parent/Legal Guardian

Signature *Date*

Print

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TALENT RELEASE AGREEMENT

I, being of legal age, hereby give Wayne State University, their licensees, successors, legal representatives, and assigns the absolute and irrevocable right and permission to use my name, and to use, reproduce, edit, exhibit, project, display, copyright, publish photography images and/or moving pictures and/or videotaped images or performances of me with or without my voice, or in which I may be included in whole or in part, photographed, taped, videotaped, and/or recorded for the duration of the intensive (January 2-5, 2019) and thereafter, and to circulate the same in all forms and media for art, advertising, trade, competition of every description and/or any other lawful purpose whatsoever as it relate specifically to Public Television's "Dance On Detroit" series . I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied.

I hereby release, discharge and agree to save Wayne State University, their licensees, successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise that may occur or be produced in the making, processing, duplication, projecting or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

AGREED AND ACCEPTED:

Date: _____

Talent Printed name: _____

Talent (or Guardian, if under 18) signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

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REFUND POLICY AGREEMENT

Once you have registered for the BAIRA Intensive Detroit - Winter, if you have to cancel your enrollment, fees that have been paid will be refunded in the following manner:

Prior to January 1, 2019 - 100% return of your total funds paid with the exception of the \$25 non-refundable Registration Fee.

After January 1, 2019- ALL FEES ARE NON-REFUNDABLE.

If a student chooses to attend the program with an established injury or illness, it is important that they notify BID-W faculty of their condition. If the student’s condition later requires them to withdraw, they will not be eligible for a refund. Students withdrawing for other reasons are not eligible for a REFUND. Withdrawal due to illness or injury during the Intensive will be considered with a written doctor’s note. Partial refunds will be considered on a case-by-case basis.

***No Refunds for Conduct Agreement Violations resulting in dismissal**

All students are expected to conduct themselves in a safe, courteous and responsible manner. The use of illegal drugs or alcohol is strictly prohibited and is grounds for immediate dismissal. BAIRA Intensive Detroit - Winter faculty reserves the right to suspend or dismiss any student whose conduct, attitude, or attendance is found to be unsatisfactory. If a student is dismissed for reasons of unacceptable conduct, this is a violation of our Standard of Conduct and Liability Agreement and there is NO REFUND.

I, _____, parent or guardian of _____ (if under 18 years of age), have read the BAIRA Intensive Detroit - Winter Refund Policy Agreement defined above. I understand that my child or I must adhere to the rules stated above, and that ALL refunds are given based on this document, and are at the sole discretion of the BAIRA Intensive Detroit - Winter. I understand that I have wave my right to take legal action toward BID-W, WSU, any faculty member, or employee, for the item listed above.

By Student

Signature *Date*

Print

By Parent/Legal Guardian

Signature *Date*

Print Relationship

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BID-W SAMPLE SCHEDULE

	WED, JAN 2nd	THUR, JAN 3rd	FRI, JAN 4th	SAT, JAN 5th
TIMES				
11:00 AM	CHECK IN 11:00am-12:00pm	*STUDIO OPENS* 11:00am-12:00pm	*STUDIO OPENS* 11:00am-12:00pm	*STUDIO OPENS* 11:00am-12:00pm
11:30 AM				
12:00 PM	WARM UP / CONDITIONING 12:00-12:45pm	WARM UP / CONDITIONING 12:00-12:45pm	WARM UP / CONDITIONING 12:00-12:45pm	WARM UP / CONDITIONING 12:00-12:45pm
12:15 PM				
12:30 PM				
12:45 PM				
1:00 PM				
1:15 PM	TOOLS 12:45-2:15pm	TOOLS 12:45-2:15pm	TOOLS 12:45-2:15pm	TOOLS 12:45-2:15pm
1:30 PM				
1:45 PM				
2:00 PM				
2:15 PM	BREAK 2:15-2:45pm	BREAK 2:15-2:45pm	BREAK 2:15-2:45pm	BREAK 2:15-2:45pm
2:30 PM				
2:45 PM				
3:00 PM				
3:15 PM				
3:30 PM	PARTNERING 2:45-4:45pm	PARTNERING 2:45-4:45pm	PARTNERING 2:45-4:45pm	PARTNERING 2:45-4:45pm
3:45 PM				
4:00 PM				
4:15 PM				
4:30 PM				
4:45 PM	PLAY SCAPE 4:45-5:15pm	PLAY SCAPE 4:45-5:15pm	PLAY SCAPE 4:45-5:15pm	BREAK 4:45-5:00pm
5:00 PM				PLAY SCAPE / OPEN SHOWING 5:00-5:30pm
5:15 PM				
5:30 PM	COOL DOWN 5:15-6:00pm	COOL DOWN 5:15-6:00pm	COOL DOWN 5:15-6:00pm	COMMUNITY DISCUSSION 5:30-6:00pm
5:45 PM				
6:00 PM				

*This is a sample schedule of a day at the BAIRA Intensive Detroit - Winter

*Types of classes, teachers, and times may be subject to change

*Updates on classes, times, and teachers will be provided through our website, emails, and social media.

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