1. BAIRA SUMMER DANCE INTENSIVE OVERVIEW
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2. REGISTRATION FORMS
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   c. Medical History (p.5)
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   e. Rules, Procedures and Standards of Conduct (p.8-9)
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2018 BAIRA SUMMER DANCE INTENSIVE
July 30 – August 4, 2018

Presented by:
Wayne State University
Maggie Allesee Department of Theatre and Dance
&
Shaina Branfman Baira and Bryan Strimpel Baira

*No Audition Required*
Students attending the 2018 BAIRA Summer Dance Intensive will:

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

Train in contemporary floor work, partnering, technique, physical conditioning, and self-awareness. BSDI 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 Summer Dance Intensive is:

$425 (tuition) + $25 (registration fee) = $450 (total)

Applications and payment deadline is July 15th, 2018.
Space is limited, early registration is suggested!
BSDI Registration Information 2018

(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: ___________________________

Student Email: _________________________________________________________

Emergency Contact (2): _________________________________________________

Relationship:__________________________ Phone: ___________________________

Student Email: _________________________________________________________

Academic School: __________________________________________ Grade (In the fall): ________

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

MAILING ADDRESS: BAIRA Summer Dance Intensive - Maggie Allessee Department of Theater and Dance
3226 Old Main Building - 4841 Cass Avenue Detroit, MI 48202

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

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

- BSDI tuition ($425) w/ registration fee ($25) = $450.00
  - Deadline July 15th 2018
- 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 ContactBSDI@gmail.com

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

*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: _____________
MEDICAL HISTORY

Clearly print all information and attach a copy of insurance card

*DUE BY JULY 15TH*

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 Summer Dance Intensive.

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>First</th>
<th>MI</th>
<th>Soc.Sec #</th>
<th>U.S Citizen</th>
<th>Birthdate</th>
<th>Sex</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone</td>
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<tr>
<td>Emergency Contact</td>
<td>Relationship</td>
<td>Phone</td>
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<tr>
<td>E.C Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone</td>
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<tr>
<td>Personal Physician</td>
<td>Phone</td>
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<tr>
<td>Will you be covered by a medical insurance policy while enrolled?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, name of insurance company</td>
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</tbody>
</table>

**IMMUNIZATIONS:** The BAIRA Summer Dance Intensive 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.

<table>
<thead>
<tr>
<th>Required</th>
<th>First Immunization</th>
<th>Month</th>
<th>Date</th>
<th>Year</th>
<th>Second Immunization</th>
<th>Month</th>
<th>Date</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Vaccine/Type</td>
<td></td>
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<tr>
<td>German Measles</td>
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<tr>
<td>Mumps</td>
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</table>

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

**Recommended**

<table>
<thead>
<tr>
<th>Polio</th>
<th>Please specify dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Tetanus <em><strong>/</strong></em>/____</td>
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<tr>
<td></td>
<td>*A tetanus booster or basic series within the past 6 years is recommended for admission</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B (3shots)</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TB Skin Test (PPD)</th>
<th>Results: Positive _________ mm / Negative _________</th>
</tr>
</thead>
</table>

**Physician or Authorized Signature**

<table>
<thead>
<tr>
<th>Date</th>
<th>License # or Office Stamp</th>
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</table>

**FAMILY HISTORY**

<table>
<thead>
<tr>
<th>Age</th>
<th>Occupation</th>
<th>Significant Medical Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
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<tr>
<td>Sibling</td>
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<td>Sibling</td>
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<tr>
<td>Sibling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.).

- Asthma
- Rheumatic Fever
- Congenital Heart Problems/Disease
- Hepatitis
- Diminished Hearing
- Infectious Mononucleosis
- Gall Bladder or Liver Disease
- Diabetes
- Severe 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 Summer 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 Summer 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 _________  Name of Test __________________

TB Skin Test: Date _________ Results: _________

Eyes: Are glasses worn? Yes No   Are 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/____

(Weaers 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:

Signature of M.D./O.D. ___________________________ Date ___________________________
RULES, PROCEDURES AND STANDARDS OF CONDUCT

BAIRA Summer Dance Intensive participants are expected to review the rules, procedures and standards of conduct established by the BAIRA Summer Dance Intensive (BSDI) 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.

**BSDI/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 BSDI 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
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 BSDI 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 BSDI 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 BSDI OFFICE BY July 15th, 2018.

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 Summer Dance Intensive and the Maggie Alleesee 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 Summer Dance Intensive (hereafter BSDI), 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 BSDI 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 BSDI or related activities.

In case of physical injury or medical emergency, I hereby authorize BSDI 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
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 Summer Dance Intensive (hereafter BSDI), 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 BSDI or related activities.

I understand that I should accompany Participant while he or she is traveling to and from the BSDI 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, BSDI and WSU are responsible for Participant only from the point that Participant passes through Old Main.

In an extreme emergency, I understand that BSDI 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 BSDI or related activities.
I have read the BSDI “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
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 (July 30 - August 4, 2018) 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: ____________________________________________________________
REFUND POLICY AGREEMENT

Once you have registered for the Baira Summer Dance Intensive, if you have to cancel your enrollment, fees that have been paid will be refunded in the following manner:

Prior to July 15th, 2018 - 100% return of your total funds paid with the exception of the $25 non-refundable Registration Fee.

After July 15th, 2018- 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 BSDI 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 Summer Dance Intensive 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 Summer Dance Intensive 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 solely discretion of the Baira Summer Dance Intensive. I understand that I have wave my right to take legal action toward BSDI, WSU, any faculty member, or employee, for the item listed above.

By Student

____________________________________________________________________________
Signature

______________________________________________
Date

Print

By Parent/Legal Guardian

____________________________________________________________________________
Signature

______________________________________________
Date

Print Relationship

MAILING ADDRESS: Baira Summer Dance Intensive - Maggie Allesee Department of Theater and Dance
3226 Old Main Building - 4841 Cass Avenue Detroit, MI 48202

CONTACT INFORMATION: (P) 313-577-2143, (E) contactbsd@gmail.com, (W) http://theatreanddance.wayne.edu/dance/baira.php
# BSDI SAMPLE SCHEDULE

*This is a sample schedule of a day at the BAILA Summer Dance Intensive*

*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.*

## LEVEL BREAKDOWN

- **Level A** – 12-13
- **Level B** – 14-16
- **Level C** – 17+

<table>
<thead>
<tr>
<th>TIME</th>
<th>LEVEL A: (12-14)</th>
<th>LEVEL B (14-16)</th>
<th>LEVEL C (17+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00</td>
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</tr>
<tr>
<td>10:15</td>
<td>GROUP RISE</td>
<td></td>
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<tr>
<td>10:30</td>
<td>10:00-10:30pm</td>
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<td>10:45</td>
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<tr>
<td>11:00</td>
<td>TECHNIQUE</td>
<td>PERFORMATIVE</td>
<td>PARTNERING</td>
</tr>
<tr>
<td></td>
<td>10:30-12:00pm</td>
<td>PRACTICES</td>
<td>10:30-12:00pm</td>
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<tr>
<td>11:15</td>
<td></td>
<td>10:30-12:00pm</td>
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<td>11:30</td>
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<td></td>
<td>PRACTICES 12:00-1:30pm</td>
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<td>12:00-1:30pm</td>
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<td>12:15</td>
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<td>12:30</td>
<td>PERFORMATIVE</td>
<td>PARTNERING</td>
<td>TECHNIQUE</td>
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<td>PRACTICES 12:00-1:30pm</td>
<td>12:00-1:30pm</td>
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<td>1:15</td>
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<tr>
<td>1:30</td>
<td>LUNCH 1:30-2:25pm</td>
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<td>1:45</td>
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<td>2:30</td>
<td>PARTNERING</td>
<td>TECHNIQUE</td>
<td>PERFORMATIVE</td>
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<td>12:00-1:30pm</td>
<td>12:00-1:30pm</td>
<td>PRACTICES</td>
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<td>12:00-1:30pm</td>
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<td>4:00</td>
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