

NORTH SHORE DANCE STUDIO SUMMER DANCE 2019

10433 BAEHR ROAD

(262) 242-4077

NORTHSHORE-DANCESTUDIO@HOTMAIL.COM

MONDAY, JULY 8TH - WEDNESDAY, AUGUST 7TH, 2019

MONDAY		TUESDAY	WEDNESDAY			
10:00-11:30 BALLET IV/V	10:00-11:00 DB 2.5-5	OPEN STUDIO	10:00-11:30 BALLET IV/V	10:00-11:30 JR./SR. CONTEMPORARY	10:00-11:00 BALLET I/II/III	
11:30-1:00 BALLET VI/VII/VIII	11:00-12:00 TAP I/II/III/COM	11:00-12:30 JAZZ I/II/III	11:30-1:00 BALLET VI/VII/VIII	11:30-1:00 CONTEMPORARY	11:00-12:00 DB 6-8	
1:00-2:00 POINTE	12:00-1:00 BALLET I/II/III	SHOOTING STARS, CADETTES COSMOS/COMETS	1:00-2:00 POINTE	SHOOTING STARS, CADETTES, COSMOS, COMETS		
	2:00-3:00 JR. & SR. TAP	12:30-2:00 JAZZ IV/V/VI ORBITS, ASTROS, ECLIPSE, JUNIOR, SENIOR	PLEASE CIRCLE THE DATES YOU WILL ATTEND:			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;"><u>THEMED DAYS FOR DANCE BASICS</u></p> <p style="text-align: center;"><u>CLASSES</u></p> <p style="text-align: center; color: orange;">WEEK #1 BEACH PARTY (BRING SUIT/TOWEL)</p> <p style="text-align: center; color: red;">WEEK #2 SUPER HERO WEEK</p> <p style="text-align: center; color: pink;">WEEK #3 PRINCE & PRINCESS PARTY</p> <p style="text-align: center; color: blue;">WEEK #4 PAJAMA WEEK</p> <p style="text-align: center; color: green;">WEEK #5 CRAZY HAIR & OUTFIT WEEK</p> </div>			2:30-3:30 HIP-HOP I/II/III COMETS/ASTRO	MONDAY	TUESDAY	WEDNESDAY
			3:30-4:30 HIP-HOP IV/V/VI ECLIPSE, JUNIOR, SENIOR	7/8	7/9	7/10
				7/15	7/16	7/17
				7/22	7/23	7/24
				7/29	7/30	7/31
	8/5	8/6	8/7			

NAME: _____

AGE: _____

ADDRESS: _____

PHONE: _____

SCHOOL: _____

PARENT EMAIL: _____

FOR OFFICE USE ONLY

WK 1: _____

WK 2: _____

WK 3: _____

WK 4: _____

WK 5: _____

TOTAL NUMBER OF 1 HOUR CLASSES: _____

X\$17=

TOTAL:

TOTAL NUMBER OF 1.5 HOUR CLASSES: _____

X\$26=

I ASSUME FULL LIABILITY FOR ANY LOSS OF PERSONAL PROPERTY OR PERSONAL INJURY WHILE ON THE DANCE STUDIO PREMISES. MY CHILD HAS NO MEDICAL OR PHYSICAL CONDITIONS WHICH WOULD CAUSE PARTICIPATION IN CLASS TO BE AGAINST HIS OR HER DOCTOR'S RECCOMENDTATION. I UNDERSTAND AND WILL COMPLY WITH THE TUTITION POLICIES.

SIGNATURE _____

DATE _____