

Tie-Dye Hip Hop Camp

Tuesday July 8th – Friday July 11th **Ages 8-12, Beginner**: 5:00–5:45pm

Ages 8-12, Intermediate: 6:00-6:45

Ages 12-14, Beginner: 7:00-7:45 *Please bring a t-shirt to tie dye*

Cowgirl/boy Tap Camp

Monday July 21th – Thursday July 24th **Ages 5-7, Beginner**: 6:00-6:45pm

Ages 6-7, Intermediate: 7:00-7:45pm

Princess Ballet Camp

Monday July 14^{th} – Thursday July 17^{th}

Ages 3-4: 4:00-4:45pm-closed

Ages 3-4: 5:00-5:45pm-closed

Ages 5-7: 6:00-6:45pm-closed

Ages 5-7: 7:00-7:45pm closed

Glitz & Glam Jazz Camp

Monday August 4th -Thursday August 7th

Ages 6-8, Beginner: 6:00-6:45pm

Ages 6-8, Intermediate: 7:00-7:45pm



For more information:

Visit: www.downtowndance.org

Phone:(570) 768-9379

Email: downtowndancepa@gmail.com Suite 201, 434 Market Street Lewisburg, PA 17837

For registration please see the back of this paper \rightarrow

Summer Dance	e Camp Regist	ration Form
Dancer's Name:	Age:	Birth date:
Street Address:		
City, State, Zip:		
Email:		
Parent/Guardian's Name:	Cell:	
Telephone (Home):		
Do you have any medical problem(s) that	we should be aware	e of? Yes No
Do you have any allergies? Yes No If yes (to medical/allergies), please explain	n:	
	ner Dance Can	•
(Please circ	ele which you are at	tending)
• Hip Hop Camp 6:00 7:00	*Activewear with s	neakers
• Ballet Camp: closed		
<u> </u>		tights and tap shoes (ask to borrow) ballet shoes (ask to borrow)
Cost to enroll in a camp session is \$45. Please mail this form with payment to OR you may drop the registration form and	o: Suite 201, 434 Ma	arket Street, Lewisburg PA, 17837
Payment Method (circle one)	: Cash / Check	TOTAL:
nergency Contact Name. Relation:		

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Contact's Phone:

I hereby release Downtown Dance, employees/independent contractors from all liability for personal injury, illness, or property damage occurring on or off the studio's premises. I authorize Downtown Dance to seek medical treatment at the nearest medical facility and they may call paramedics and discharge me/my student to an ambulance if I am not able to authorize it in case of a medical emergency. I certify that my student is in good health and capable of participating in physical activities. I hereby give permission to Downtown Dance to take and use photographs for promotional uses for the studio. I understand that payment is not refundable.

Signature **Date**

(Parent/Guardian, if minor)

^{*}For additional copies of this form, print off of www.downtowndance.org