

REFLECTIONS DANCE CAMP

2006

CAMP 1
JULY 10-14
9:30am-10:30am M-F
Ages 4-6 approx.

CAMP 2
JULY 10-14
11am-2pm M-F
Ages 7-9 approx.

CAMP 3
JULY 17-21
9am-3pm M-F
Ages 10-15+ approx.

CAMP 4 ?? AUG 14-18
Alternate overflow - if no July dates work for you, let us know.



The Week will include:

Free Dance Camp T-shirt or Dancewear *

***Exciting dance videos to watch**

***Fun times to build friendships and confidence**

***Some Snacks / Pizza & a Gala Performance on Friday (& Wed show?).**

***Workshops in ballet, tap, jazz, hip hop, lyrical and choreography**

***Teaching on Dance History, A Dancers' Self Esteem, Dancers' Personal Development et c...**

*** Note: obviously above points will be reduced and be changed to fit in with the age appropriate Camp 1 - Pre Dance program.**

Friday: Likely: Camp 1: will have a supplied snack and then a short show at 10 am. Camp 2/3: will have a Pizza lunch and have a 2:30 PM Gala Performance at the studio or at a local Assisted Living Home.

Wednesday evening: Possible event optional performance (?).

Note: Location is at the Studio so enrollment will be limited as well as a min. to run. Details subject to change.

*** Include min. \$25 Non-Refundable Deposit with Registration to secure place.**

*** Places will be given out first come first serve. * Camp 2/3 remember to bring lunch everyday.**

COST: Camp 1: Early Discount \$50 by April 30. \$60 after May 1st. ** Include \$10 for optional T-Shirt for Camp 1

Camp 2: Early Discount \$110 by Apr 1st. \$125 after 5/1. **Camp 3:** Early Discount \$175 by Apr 1st. \$200 after 5/1

Additional Discounts: (Use only 2 of the 3). Discount for 1st Additional family member is 10% off, 2nd additional is 20% off, 3rd is 30% off...

Discount for bringing a new student never been here before - you and they get 10% off each.

ADDRESS: REFLECTIONS SCHOOL OF DANCE - DEBBIE WIENS

13823 SEATTLE HILL RD. SNOHOMISH, WA. 98296 PHONE: 425-338-9056 , reflectionsdance@verizon.net



REGISTRATION FORM:

Name: _____

Age(DOB): _____

Address: _____

Phone: _____

Emergency#: _____

Email: _____

Dance experience, if any:

Camp # 1 or #2 or #3 (circle) _____

Parent Signature: PRINT, SIGN, & DATE
 (signifies **agreement to policies**, emergency
 Medical Treatment if needed and release of
 liability from "Reflections School of Dance")

Please include entire amount or min.
 non-refundable deposit of \$25 with
 registration form.

DEBBIE WIENS
 Owner-Instructor
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 www.reflectionsschoolofdance.com