

North Shore Dance Studio Summer Dance 2018

6075 W Mequon Road

(262) 242-4077

northshore-dancestudio.com

MONDAY, JULY 9TH - WEDNESDAY, AUGUST 8TH, 2018

Monday		Tuesday	Wednesday		
10:00-11:30 Ballet 4/5	10:00-11:00 DB 2.5-5 Years	10:00-11:00 Open Studio	10:00-11:30 Ballet 4/5	10:00-11:30 Ast/Ecli/Jr/Sr Contem	10:00-11:00 Ballet 1/2/3
11:30-1:00 Ballet 6/7/8	11:00-12:00 Tap 1/2/Comets	11:00-12:30 Jazz 1/2/3/ Shooting Stars/Cadettes/ Cosmos	11:30-1:00 Ballet 6/7/8	11:30-1:00 Contemporary	11:00-12:00 DB 6-8 Years
1:00-2:00 Pointe	12:00-1:00 Ballet 1/2/3	12:30-2:00 Jazz 4/5/6/ Comets/Astros/Eclipse/ Junior/Senior	1:00-2:00 Pointe	Shooting Stars/Cadettes/ Cosmos/Comets	*DB-Dance Basics
	2:00-3:00 Jr & Sr Tap	2:30-3:30 Hip-Hop 1/2/3/ Comets			
		3:30-5:00 Hip-Hop 4/5/6/ Astro, Eclipse, Junior, Senior			

Circle the dates you will attend:

Monday Tuesday Wednesday

7/9	7/10	7/11
7/16	7/17	7/18
7/23	7/24	7/25
7/30	7/31	8/1
8/6	8/7	8/8

***REQUIRED**

Credit/Debit Card Info

Number: _____

Expiration: _____

Security Code: _____

Themed Days for Dance Basics Classes

Week #1 Beach Party (Suit/Towel)

Week #2 Super Hero Week

Week #3 Prince & Princess Party

Week #4 Pajama Week

Week #5 Crazy Hair & Outfit Week

DANCER NAME: _____

PARENT NAME: _____

ADDRESS: _____

PARENT CELL PHONE: _____

SCHOOL: _____

GRADE: _____

AGE: _____

PARENT EMAIL: _____

TOTAL NUMBER OF 1 HOUR CLASSES: _____

x\$17= _____

TOTAL NUMBER OF 1.5 HOUR CLASSES: _____

x\$26= _____



TOTAL:

For Office Use Only

WK 1: _____

WK 2: _____

WK 3: _____

WK 4: _____

WK 5: _____

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/her doctor's recommendation. I understand & will comply with tuition policies.

SIGNATURE _____

DATE _____

