

Revolutions Dance Company

Telephone: 407-416-6739
650 N Alafaya Trail Suite 113
Orlando, Florida 32828
www.danceatrdc.com
Email: danceatrdc@gmail.com



SUMMER DANCE CAMP

Half-Day or Full-Day

June 12 - June 16 – Fashionista / Tik Tok

June 19 – June 23 – Pop Star

June 26 – June 30 – Water, Slime and Glitter

July 10 – July 14 – Princess / Beach Party

July 17 – July 21 – Encanto / Tik Tok

Half-Day Camp: For students ages 3 through 5. The program encompasses tap, ballet, jazz, tumbling, and crafts with a performance at the end of the week on Friday at 12:00 PM. Classes meet Monday through Friday from 9:00 AM to 12:00 PM, with a break for snack. Students are responsible for bringing their own food, water bottle.

Full-Day Camp: For students ages 6 through 12 desiring to broaden their performing skills. The program encompasses tap, ballet, jazz, lyrical, hip-hop, choreography, acrobatics, arts and crafts with a performance at the end of the week on Friday at 3:00 PM. Classes meet Monday through Friday from 9:00 AM to 3:00 PM with a break for lunch and an afternoon snack. Students are responsible for bringing their own food and water bottle.

COST: Half Day:	1 st Camp \$125	Full Day:	1 st Camp \$195
	2 nd Camp \$105		2 nd Camp \$175
	3 rd Camp \$95		3 rd Camp \$155
	4 th Camp \$75		4 th Camp \$135

ADDITIONAL INFORMATION:

- There will be no deductions for missed lessons.
- There are no family discounts for dance camps.
- Please let us know if your student has any food allergies.

Please fill in the requested information below and return with a payment for the entire summer dance camp program.

Student Name _____ Age _____ Birthdate ____/____/____

Previous dance training: YES NO If Yes; School name _____ Years _____

Student Allergies _____

Parent/Guardian Name _____ Email _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

LIABILITY WAIVER: Revolutions Dance Company provides classes and training at the exclusive risk of the participants. Your signing below indicates parent's/guardian's acceptance of this liability waiver and the above terms and conditions.

Signature _____ Date ____/____/____

Please select the camp length and date you would like to take:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Half Day Camp 9:00AM-12:00PM | <input type="checkbox"/> June 12 th – June 16 th | <input type="checkbox"/> June 19 th – June 23 rd | <input type="checkbox"/> June 26 th – June 30 th |
| <input type="checkbox"/> Full Day Camp 9:00AM-3:00PM | <input type="checkbox"/> July 10 th – July 14 th | <input type="checkbox"/> July 17 th – July 21 st | |

(For office use only) Amt pd _____ # _____