

STEGMANN'S SCHOOL OF PERFORMING ARTS

stegmandance@cs.com * 615 - 302 - 2881 * stegmandance.com
Directors Angelika & Bruce Stegmann

Summer Dance Intensives 2010

Camp 1

MUSICAL THEATER

June 14 - 18

\$150

Acting, Singing, Dance Technique,
Musical Theater Choreography

Ages 8 - 12 and 13 - 18

9:30 am - 3:00 pm

The students are required to bring their own
lunch.

Camp 2

Ballet Intensive

July 5 - 9

\$95

Ballet Technique, Pre-Pointe &
Pointe, Character

Intermediate level 2:00 - 4:45 pm

Advanced level 10:00 am - 1:00 pm

Camp 3

Sampler

July 12 - 16

\$150

Ballet, Jazz, Tap & Mystery Class
Ages 6 - 11 and 12 - 18

10:00 am - 3:15 Monday thru Friday

The students are required to bring their own
lunch.

10% discount is available for multiple camps / siblings

\$75.00 non-refundable registration fee due with form by June 1. Registration fee to be deducted from tuition.

Balance due first day of camp.

Camps need at least 4 students enrolled to run.



Registration Form for Summer Dance Intensives 2010

NAME: _____ BIRTHDAY: _____ GRADE (2009-10): _____

PARENTS' NAME: _____ HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____ I ENROLL FOR CAMP: 1 2 3

Release of Liability

I understand that my participation or that of my child, in the activities at Stegmann's School of Performing Arts is optional. I understand that these activities involve stretching and mild to vigorous cardiovascular exercises. I assume all risk of injury for myself or my child(ren), and hereby waive any and all claims which may arise against Stegmann's School of Performing Arts, Angelika and Bruce Stegmann, or independent contractors from any injury or ailment directly or indirectly related to me or my child(ren) participating in the activities of Stegmann's School of Performing Arts. I acknowledge that neither Stegmann's School of Performing Arts, its owners nor independent contractors are licensed medical practitioners. In the event of a medical emergency, every effort will be made to reach parents immediately; if unable to reach you, this authorizes Stegmann's School of Performing Arts to call 911.

(PARENT'S) SIGNATURE: _____ DATE: _____

Fill out and return with your registration fee to: **Stegmann's School of Performing Arts**, 2001 Campbell Station Pkwy, Spring Hill, TN 3717