



UNIVERSITY PERFORMING ARTS CENTRE

160 Alexandria Boulevard
Oviedo, FL 32765

407 - 366 - 5779

upacdance.com

JUDI FREED - SIEGFRIED

Artistic Director

ONE - WEEK SUMMER DANCE CAMP FOR AGES 6 - 12

Tuesday, May 31 - Saturday, June 4

Monday, July 25 - Friday, July 29

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

A fun program has been created for students ages 6 through 12 desiring to broaden their performing skills. The program encompasses tap, ballet, jazz, lyrical, hip-hop, choreography, acrobatics, cheerleading/dance team, acting, singing, arts and crafts with a performance at the end of the week (June 4 and July 29 at 5:30 PM). Classes meet from 9:00 AM to 5:00 PM, with a break for lunch and a afternoon snack. Students are responsible for bringing their own food. Goodie bags with arts and crafts items and snacks (e.g. t-shirts, paints, note pads, hats, candy, etc.) and a Friday night pizza party before the shows are included.

ADDITIONAL INFORMATION

- ★ Morning extended hours are available for an additional charge of \$25 for the week or \$5 per 15 minutes.
- ★ Afternoon extended hours are available for an additional charge of \$25 for the week or \$5 per 15 minutes.
- ★ There will be no deductions for missed lessons.
- ★ Please let us know if your student has any food allergies.
- ★ Pre-registration forms for the fall session are located in the office.

TUITION is \$250.00 per student for the 1-week camp; \$450.00 per student for 2 camps.

There are no family discounts for dance camps.

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: University Performing Arts Centre provides classes and training at the exclusive risk of the participants.

All parents and guardians must agree to the terms of our liability waiver.

Signature _____ Date ____/____/____

Please select the sessions you would like to take:

T-SHIRT SIZE

YS YM YL SA MA LA XLA

MAY 31 - JUNE 4

BEGINNING

INTERMEDIATE

JULY 25 - JULY 29

BEGINNING

INTERMEDIATE

(For office use only) Amt pd _____ # _____