



# UNIVERSITY PERFORMING ARTS CENTRE

160 Alexandria Boulevard  
Oviedo, FL 32765

407 - 366 - 5779

upacdance.com

**JUDI FREED - SIEGFRIED**  
Artistic Director

## ONE-WEEK ALL DAY SUMMER DANCE EXPERIENCE FOR AGES 6 - 12

**Monday, June 2 - Friday, June 6**

**Monday, July 21 - Friday, July 25**

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 6 and July 25 at 5:00 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.
- ★ Fully refundable until May 15. After May 15, all but \$50 is refundable if you decide to cancel.

**TUITION** is \$300.00 per student for the 1-week camp; \$550.00 per student for 2 camps.

There are no family discounts for dance camps.

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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 \_\_\_\_\_

**All parents/guardians must sign a Liability Waiver.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please select the sessions you would like to take:**

**T-SHIRT SIZE**

YS  YM  YL  SA  MA  LA  XLA

JUNE 2 - JUNE 6

BEGINNING

INTERMEDIATE

JULY 21 - JULY 25

BEGINNING

INTERMEDIATE

(For office use only) Amt pd \_\_\_\_\_ # \_\_\_\_\_