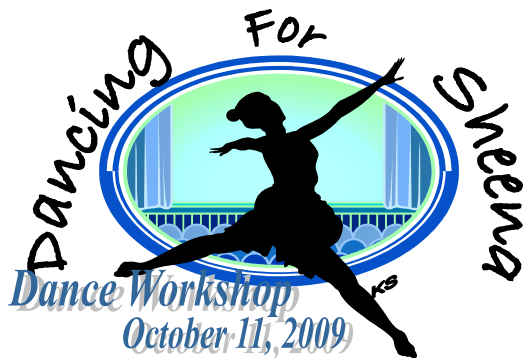
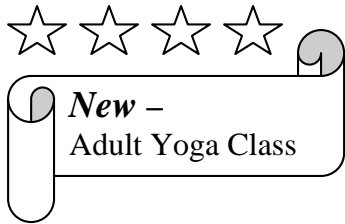


"Dancing with the feet is one thing, but dancing with the heart is another." ~ Anonymous



Please send forms and checks to: **Sheena Villa Memorial Scholarship Fund**
 C/o Kathleen Treat
 1521 Buck Hill Lane
 Breinigsville, PA 18031
 (610) 820 - 9466

Registration due by Sept. 24, 2009

"Dancing For Sheena" Dance Workshop Registration Form

Registration Information

Name: _____ Studio _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) ____ - _____ E-mail: _____ Age _____
 Parents Name: _____ Emergency Contact # (____) ____ - _____

Workshop Information

(*Workshop fees - \$40*)

Intermediate (4-6 year's experience)

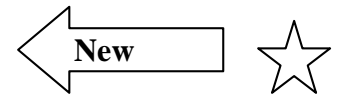
Advanced (7+ year's experience)

Intermediate Level			Advanced Level		
Class	Time	Location	Class	Time	Location
Registration	8:30 – 8:45 AM	Lobby	Registration	8:45 - 9:15 AM	Lobby
Ballet	9:00 - 10:00 AM	Studio 1	Modern	9:15 - 10:15 AM	Studio 2
Break	10:00 - 10:15 AM		Break	10:15 - 10:30 AM	
Jazz	10:15 - 11:15 AM	Studio 1	Tap	10:30 - 11:30 AM	Studio 2
Lunch Break	11:15- 12:00 PM		Lunch Break	11:30 - 12:15 PM	
Modern	12:00- 1:00 PM	Studio 2	Hip - Hop	12:15 - 1:15 PM	Studio 1
Break	1:00 - 1:15 PM		Break	1:15 - 1:30 PM	
Tap	1:15 - 2:15 PM	Studio 2	Ballet	1:30 - 2:30 PM	Studio 1
Break	2:15 - 2:30 PM		Break	2:30 - 2:45 PM	
Hip - Hop	2:30 - 3:30 PM	Studio 2	Jazz	2:45 - 3:45 PM	Studio 1



Adult Yoga

(No prior experience necessary)



Class only (\$15.00)

Class & T-shirt (\$25.00)

Class	Time	Location
Adult Yoga	11:15 - 12:15	Studio 1

***All proceeds will go to the Sheena Villa Memorial Scholarship Fund**

T-Shirts Size: Youth Med Youth Lg Adult Sm Adult Med Adult Lg

"Dancing with the feet is one thing, but dancing with the heart is another." ~ Anonymous

(Complimentary Souvenir t-shirt will be given to each workshop participant)



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Please fill out and mail in release form prior to the event

Release Form*

I, _____ the undersigned Guardian (s) give permission for my child _____ to attend Dancing for Sheena Dance Workshop on Sunday, October 11, 2009. I also release the staff of the workshop from any liability in the event of an accident or illness during my child's time in their classes. I release them to take appropriate action should my child need emergency medical treatment as a result of an accident or illness.

Parent and/or Guardian Signature

Date

**Dancers without a signed and dated release form will be prohibited from attending and/or participating in the "Dancing for Sheena Workshop."*

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