

Dancin' Feet Dance School

Nationally Certified Dance School

Summer Dance Sessions

Andover Studio

July 22nd-25th

July 29th-August 1st

\$10.00 per class

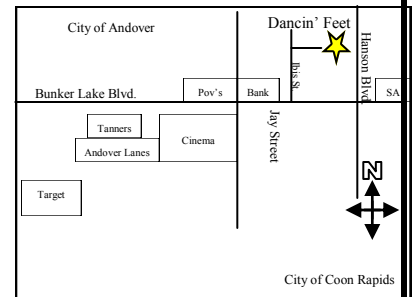


Visit the Dancin' Feet Website www.dancinfeetdance.com

(763) 433-9332

Located just North off of Bunker Lake Blvd.

Turn North at Ibis Street
or the Jay Street Stop light .



Time	Monday Studio A	Tuesday Studio A	Wednesday Studio A	Thursday Studio A
4:15-5:00	Dance Assistants	Dance Assistants	Dance Assistants	Dance Assistants
5:00-5:45	7-8-9 Clogging	7-8-9 Jazz	7-8-9 Jazz & Ballet	7-8-9 Jazz & Tap
5:45-6:30	Teen Ballet	7-11 Ballet and Lyrical	Intro to Clogging	7-11 Ballet and Lyrical
6:30-7:15	Teen Hip Hop	7-11 Jazz and Hip Hop	Adult Clogging	7-11 Jazz and Hip Hop
7:15-8:00	Teen Ballet	Teen Turns	Teen Jumps	Teen Kick
8:00-8:45	Teen Tap	Teen Hip Hop	Teen Ballet	Teen Clogging

*** More classes listed on the back for dance studio B!**

*** Class schedule subject to change.**

- * It is recommended that dancers have the correct shoes for the class.
- * Clean and dry tennis shoes may substitute for jazz and hip hop shoes.
- * New and Used dance shoes are available at Dancin' Feet Dance School.

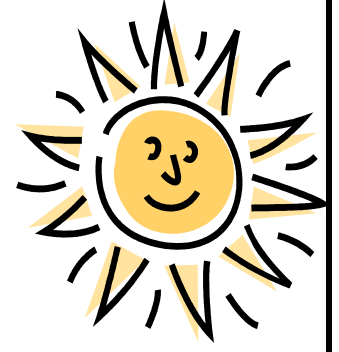


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Time	Monday Studio B	Tuesday Studio B	Wednesday Studio B	Thursday Studio B
4:15-5:00	Intro to Clogging	18mo.-3 years old	Intro to Clogging	18mo.-3 years old
5:00-5:45	7-8-9 Jazz	4-5-6 TJB	7-8-9 Jazz	4-5-6 TJB
5:45-6:30	3 & 4 TJB	3 & 4 TJB	3 & 4 TJB	3 & 4 TJB
6:30-7:15	5 & 6 TJB	5 & 6 TJB	5 & 6 TJB	5 & 6 TJB
7:15-8:00	Teen Ballet	Teen Turns	Teen Jumps	Teen Kick
8:00-8:45	Teen Tap	Teen Hip Hop	Teen Ballet	Teen Clogging

Dancin' Feet Dance School, LLC,
13783 Ibis St. NW, Suite 600, Andover, MN 55304.
(763) 433-9332
www.dancinfeetdance.com

Recreational dance classes taught in a Professional, Organized, Christian, Family Friendly Atmosphere.

Dancin' Feet Dance School Registration Form

Student Name: _____ Registration Year: _____
 Guardian Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____ Phone #: _____
 Cell Phone #: _____ Phone #: _____
 Student Birth date: ____/____/____ Age: _____ Current Grade: _____
 # of years danced at Dancin' Feet: _____ # of years of dance: _____
 Email Address: _____

\$30.00 Reg. Fee

DAY	TIME	STUDIO	DESCRIPTION	TUITION	
Class: _____					
Class: _____					
Class: _____					
Class: _____					

Payment: _____ Date of payment: _____
We accept: Visa, Master card, Cash or check.

Make checks payable to : Dancin' Feet (There is a \$20.00 fee on returned checksL

***Fill out for Credit Card Payment**

One time: _____ **Continuous Auto Withdraw:** _____
Check one of the above
 Credit card payment:
 Credit card # _____
 Expiration date: ____ ____ CCV: _____
 Name as it appears on card: _____
 Billing Zip Code: _____
 Amount to be charged \$: _____
 Signature: _____
 Print Name: _____
 I agree to pay the above dollar amount.
***There is a 2.5% service fee for all credit card payments**

PHOTO RELEASE

The above named student may have their photo printed in publications and news articles for Dancin' Feet Dance school. It is understood that there will be no monetary compensation for use of these photo's. Photo's may be used in educational and advertising materials. Photo's may also be posted on the Dancin' Feet Website.

_____ **I agree** to release dance pic-

Limitation of Liability

The undersigned parent, legal guardian, or participant acknowledges that even though every effort is made at Dancin' Feet Dance School to provide a safe, accident-free environment, incidents may occur.

I being 18 years of age or older do for ourselves (myself) and for and on behalf of my child-participant, if said child is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless the aforementioned organization, directors, employees, and agents from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child or self is participating in, going to, or coming from any activities under the direction of or in association with the above described organization.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in, recreating and work activities involved therein.

I further assert to the fact that the participant is in proper physical condition to participate in any and all activities, as stated by a physician, at the aforementioned organization. I have read and understand the Dancin' Feet Dance School Policy.

_____ Date: _____
Signature of parent/guardian/participant(if over 18)

Printed name

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E-mail: dancinfeetdance@yahoo.com Website: www.dancinfeetdance.com

