

Pre-Ballet Camp



Princess Adventures: Around the world



AUGUST 9th- 13th
9:00 - NOON



CREATIVE MOVEMENT AND DANCE® (678) 482-2264
www.CreativeMovementandDance.com

Camp limited to 18 students. AGES 3 – 5 (3 by January 1, 2010)

Camps are held in the comfort of the church atmosphere with 2 instructors on site. Students are exposed to several variations of the fine arts - Ballet technique activities including Drama, Musical Theater, and several Art projects. A mini recital performance will be held the last day of camp to show-off what the children have learned.

The camp is a structured program designed for the early development of technical ballet and movement. It precisely meets the needs and limitations of pre-schoolers by providing a carefully paced sequence of exercises to develop physical conditioning with poise and grace. In the program, children learn self-discipline, listening skills, coordination skills, left and right discrimination, patterns in movement, and pre-ballet.

Dress Code - Girls will need a pink leotard, pink tights and pink ballet slippers. Tights are optional due to the hot weather. Long hair should be pulled away from the face. Please label all dance attire!
Church Location: Activities Building
Dancewear is available from Creative Movement and Dance Website!
www.CreativeMovementandDance.com



MINI RECITAL HELD FRIDAY DURING THE LAST 45 MINUTES OF CAMP.

Registration for Pre-Ballet Princess Adventures Camp

MAIL WITH **\$175.00** CAMP FEE
PAYABLE TO:
CREATIVE MOVEMENT AND DANCE
1400 BUFORD HWY, SUITE M-2
SUGAR HILL, GA 30518

Student: _____

Age: _____ D.O.B. _____

Parents: _____

Address: _____

City: _____ Zip: _____

Phone (home): _____ (Cell or work): _____

Email: _____

Emergency contact:
Name: _____

Phone: _____

ST. JAMES UMC CAMP:
AUGUST 9 - 13
9:00 - NOON

I have read and understand the information provided in this brochure. I waive any right to claim against Creative Movement and Dance, Inc. owners, staff, and teachers in the event of accident, injury or loss of personal items. I hereby give permission for CMD to obtain medical services for my child in case of a medical emergency or injury.

Signature of parent or legal guardian _____ Date _____

FAX: (678) 482-7064

Card number: _____

Expiration Date: ____/____

Amount: \$ _____

I authorize Creative Movement and Dance to charge my account.

X _____

ON-LINE REGISTRATION
www.CreativeMovementandDance.com

SR