

329 Division Street
 La Crosse, WI 54601
 608-785-7543
 AmandasAcademy.com



Twinkle Twos

Classes Designed for the Young Dancer.

This class specifically designed for self expression, creativity, gaining awareness of their own movement and increasing self esteem.

We cover basic fundamentals of dance and movement space, time, levels, locomotion (walking, jumping, running, hopping etc.) and non locomotion (bending, twisting, stretching etc.).

Attire: Comfortable, movable clothing. Dancewear welcome.

Shoes: Ballet slippers or comfortable soft soled shoes.

Observation: We ask that, when possible, dancers attend class on their own. The last class of each session includes a parent/family demonstration.

2011-2012 SESSIONS

4 WEEK SESSIONS

Session 1:

Mon. 6-6:30 pm, Oct. 3, 10, 17, 24

Session 2:

Weds. 4-4:30 pm, Nov. 2, 9, 16, 30

Session 3:

Mon. 6-6:30 pm, Jan. 9, 16, 23, 30

Session 4:

M. 6-6:30 pm, Feb. 13, 20, 27, Mar. 5

Weds. 4-4:30 pm, Feb. 8, 15, 22, 29

Session 5:

Weds. 4-4:30 pm, Mar. 7, 14, 21, 28

Session 6:

Mon. 6-6:30 pm, Apr. 9, 16, 23, 30

Session 7:

Weds. 4-4:30 pm, May 2, 9, 16, 23

Twinkle Twos - Registration From

Dance classes designed for young children.

Parent Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Dancer's Name: _____ Birth date: _____

Email: _____

Please Register us for:

- | | |
|---|--|
| <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 4 : Wednesday |
| <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 5 |
| <input type="checkbox"/> Session 3 | <input type="checkbox"/> Session 6 |
| <input type="checkbox"/> Session 4 : Monday | <input type="checkbox"/> Session 7 |



Total \$ _____ Tuition due upon Registration

I understand that participation in a dance program involves risk and possible injury. I authorize Amanda's Academy of Dance to secure any emergency medical treatment that may be needed in case of an accident. I agree to indemnify A.A.D. and its staff from any and all claims to personal injury sustained while participating in this program or traveling to or from its facility and events. A.A.D. reserves the right to cancel classes if enrollment falls below expected number of enrollments.

Signature: _____ Date: _____