

Virginia Regional Ballet

1228 Richmond Road * Williamsburg, VA 23185 * www.dancevrb.com * dance@danceVRB.com * 757-229-2553

Fitness Dance Camps

Summer
2017

for Ages 11-16

Three weeks

Jul 17-Aug 4, M-F • 9:15 a.m.-3:00 p.m.

or **Per Week**

Jul 17-21; Jul 24-28; July 31-Aug 4 • 9:15 a.m.-3:00 p.m.

Tuition: \$300 for all 3 weeks or \$125 per week

\$50 non-refundable deposit due at sign-up

Three 3 weeks of multi-discipline training!



hip hop,

Encourages healthy living and fitness through Zumba (Latin dance aerobics), Yoga, aquatic exercises, strength-building exercises, tap, Bollywood dance, and daily nutrition classes



Campers will be provided a healthy lunch and learn hands-on to make their own "easy to do" healthy snacks

Demonstration for parents and families on the last Friday

SCHOLARSHIPS available for eligible students

Contact VRB for more information

Funded in part by the Williamsburg Community Health Foundation

These materials, and the activity described herein, are not sponsored or endorsed by the Williamsburg-James City County School Board.

Please complete the registration form and optional scholarship application on the reverse side of this flyer and return it to *your school club sponsor*.

VRB, inc. is a 501c3 not for profit organization

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Fitness Dance Camp Registration & Scholarship Application



Student Name: _____ Date of Birth: _____

Student's Height: _____ Student's Weight: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Liability Release -- I am aware that dance and the exercises associated with it place stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that the Virginia Regional Ballet/Virginia Regional Ballet Academy programs, its staff, and the VRB facilities shall not be liable in any way for injuries sustained during attendance in this program.

Signature _____ Date: _____

Please complete the following section if applying for scholarship. If more space is needed, please attach an additional sheet.

Father's Employer: _____ Phone: _____

Mother's Employer: _____ Phone: _____

Guardian's Employer: _____ Phone: _____

Total Annual Income: _____

Own Rent Mortgage/Rent: \$ _____ How long at this address? _____

Sibling(s) Name/Age: _____

Please answer the following questions.

List all paid activities in which family members participate, including cost and days per week.

If your financial need results from a temporary situation, please explain.

Please give a brief statement about your reasons for wanting to enroll your child in Fitness Dance Camp.

Have you attend a previous Fitness Dance Camp?

If so, which year(s)

I verify, to the best of my knowledge, that the above information is accurate.

Signature _____ Date: _____