

Summer Company Camps

The Summer Company Camps at Unity School of Dance are designed for King's Krew and Evolve Company Dancers, and are also great for individuals of all ages and experience levels who want to improve themselves as dancers. Camps will focus on technique, across the floor combinations, and choreography that will be performed throughout the Fall. We provide a non-competitive environment designed to encourage individuality, creativity, stage presence and confidence. All Company Camps will include a showcase for family and friends on the final day. The weeks will be memorable and full of new friends and great experiences! Please note: Company Camps are a requirement for all King's Krew and Evolve company members, and dancers will be automatically enrolled in their corresponding company camp.

	<u>2023 CAMPS</u>								
CAMP 1) Disney Camp 1 2) Disney Camp 2	AGES Ages 3 - 6 Ages 6 - 11	DATE July 17 - 21 July 24 - 28	TIME 10:00am - 12:00pm 10:00am - 12:00pm	PRICE \$165 \$165					
3) King's Krew Micro4) King's Krew Mini5) King's Krew Mighty6) King's Krew Junior	Elementary/Middle School	August 28 - Sept 1	9:30am - 12:00pm	\$175					
	Middle/High School	August 7 - 11	12:30pm - 3:00pm	\$175					
	Middle/High School	August 21 - 25	9:30am - 12:00pm	\$175					
	High School	August 28 - Sept 1	9:30am - 12:00pm	\$175					
7) Evolve Micro	Elementary/Middle School	August 14 - 18	12:30pm - 2:30pm	\$150					
8) Evolve Petite	Middle/High School	August 7 - 11	9:30am - 11:30am	\$150					
9) Evolve Junior	Middle/High School	August 14 - 18	9:30am - 11:30am	\$150					
10) Evolve	High School/College	August 21 - 25	6:30pm - 8:30pm	\$150					

ALL camps are limited to the first 20 completed registrants. Please deliver or mail your completed form to:

Unity School of Dance 543 W. Centennial Blvd. Springfield, OR 97477

Make checks payable to Unity School of Dance. Enrollment is determined on a first come, first served basis. Refunds must be requested two weeks prior to camp date. Call with any questions: (541) 954-5740





DOB	Age				Gr	ad	e		
School									
Parent/Guardian Name(s))								
Address									
City/State/Zip									
Primary Phone	Work	Phone	2						
Email									
Please Circle Your C	amp(s): 1	2 3	4	5	6	7	8	9	10
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lease mail or deliver this completed registration form along with a check or money order to:

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