SOUTHERN OREGON DANCE CENTER

405 SE 6th Street, Grants Pass, OR SouthernOregonDanceCenter.com

2020 August / Summer Class Schedule



Our 2020 Summer session will be held August 3rd through August 28th.. There will be four class meetings, once per week for each class in August. Class sizes are limited; Pre-registration is encouraged to guarantee your spot (you may copy and print this mail-in slip from our website). Classes have a minimum enrollment requirement of six students, and SODC reserves the right to cancel -with 75% refund- after the first class meeting if less than the

Fall Registration is ONLINE ONL	LY and opens August 15 th via South	ernOregonDanceCent	er.com 🗇
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	Tues 10-11am		
	Weds 9:45-10:45		
	Weds 11 am – 12		
	Weds 1:30-2:30		
	Tues 12:15-1:15		
Beg Teen Hip Hop (12+)	Tues 11:15-12:15	Aimee	\$60
)Mon 12:15-1:15		
Ballet 2 (Continuing Beg:10+)	Weds 9:45-10:45	Penny	\$60
	Mon 10-11:30		
(B-3 + Pointe 1)	*Pointe 1: Mon 11:30-12	Penny	\$78
Ballet 4/5 (Inter/Adv)	Tues 10-11:30	Jocelyn	\$68
(B 4/5 + Pointe)*	Int/Adv Pointe 2: Tues 11:30-1	2Jocelyn	\$78
Ballet 5/6 (Adv)	Thurs. 10-11:30	Jocelyn	\$68
Basic Tap (10+)	Weds. 11-12	Jayden	\$60
Beg Tap (11 +)	Mon 9:45-10:45	Jaydon	\$60
	Weds 12:15 - 1:15		
Advanced Tap (12+)	Tues 1:15 – 2:15	Molly M	\$60
Beg Jazz (11+)	12Mon 11am-12	Joanna	\$60
Inter Contemp / Stylized Jazz	11+ Mon 12:15-1:30	Kristen	\$65
Adv Contemp/Stylized Jazz (1	2+)Thurs 11:45-1:15	Kristen	\$6
**Unlimited Classes: \$250 **	(List Class selections on back	if more room is nee	eded)

	ower half with \$10 registration		hold your
•	balance (minus the \$10) is du		
	ess: SODC, c/o 2668 Scoville		
Dancer's Name:	Age:	_Birth Date:	
Mailing Address:			
Parent email address:	Student <i>exclusively</i> during 9/1/1	Phone:	
Was your Dancer a Stillpoint S	Student <i>exclusively</i> during 9/1/1	19-3/15/2020? Yes	No_
List Your August Class Choice	e(s):		
	If be the foundation of every class. Students		

each dama the dancer may have. If you have any doubt as to physical abilities, please consult with your physician before participation.

I authorize SODC and its agents to make emergency medical decisions for my child should I not be reachable in a timely manner.

Parent Signature:	Date	: