



1124 Corporate Drive • Holland, Ohio 43528 • 419 861-0895  
website: [www.ballettheatreoftoledo.org](http://www.ballettheatreoftoledo.org) • email: [info@ballettheatreoftoledo.org](mailto:info@ballettheatreoftoledo.org)

## ***Repertoire Camp with Mr Burgoine***

*July 6– 7, 2022*

*Warm-up and learn choreography from a ballet classic*



In-studio performance on Thursday, 6:45

Advanced level and above girls and boys

Girls on pointe should wear their shoes, but not required to participate

5:00-7:00pm

Fee: \$75 Due June 22<sup>nd</sup>

**Added bonus:** Participate in a mini sewing workshop with Miss Pam on  
Wednesday, July 6<sup>th</sup> from 7:00-8:00pm

Fee: \$15

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**Repertoire Camp Registration Form 2022**  
**e-mail all registrations to: [office@ballettheatreoftoledo.org](mailto:office@ballettheatreoftoledo.org)**

**Student Information**

Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Family email address \_\_\_\_\_

**Parent Information**

Parent #1 \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Parent #2 \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

**Class**

\_\_\_ **Advanced & above 5:00-7:00, \$75**

\_\_\_ **Sewing with Pam, July 6 7:00-8:00, \$15**

**Emergency Contact Information**

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

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**Method of payment:** check \_\_\_\_\_ credit card \_\_\_\_\_ PayPal \_\_\_\_\_

We accept the following credit cards: Visa, Mastercard and Discover. If paying by credit card, please provide the following information.

Name on the card \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Verification Number \_\_\_\_\_

Please read the following: I am aware that ballet dancing, stretching and other activities associated with your participation, places unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the **Ballet Theatre of Toledo**, its Board of Trustees, the faculty, volunteers, and any of the chaperones and agents of the **Ballet Theatre of Toledo** shall not be liable in any way and released for any injuries sustained during attendance at the school or any of its related functions for any act which might constitute a claim for negligence. I further understand that my child, at all times, is responsible for his/her personal belongings and I accept full responsibility for loss of personal items whether lost, damaged or stolen.

**Parent or Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_