

Registration

Please detach and complete the form below, sign the back, and return it to the office by May 1, 2014

Name.....

Age.....

Phone.....

Address.....

.....

Parents/Guardian.....

Current Class
(day/time).....

Cell or Best Daytime Phone
.....

Email:

Please check choice of week(s):

Full Day Camp (9 am- 3 pm)

July 13th – 17th

July 20th – 24th

July 27th – July 31st

Please Circle T-Shirt Size:

Youth Small Medium Large

Adult Small Medium Large



Deirdre Shea
School of Irish Dance
P.O. Box 493
Cranford, New Jersey 07016
908-451-9182

2015

S U M M E R

*Shea
Jennings*

**Welcome to
our 18th Dance**

Camp

Season!

**102 North Ave. Garwood, NJ
\$275/week**

Welcome to Our 18th Camp Season

Welcome to the Deirdre Shea -
Shea-Jennings Summer Dance
Camp for **all ages and levels.**

Our camp provides a positive,
challenging environment
for our Irish dancers to learn
and experience success. The
program is designed to
sharpen skills, learn new
choreography, promote self
confidence, form lasting
friendships and increase
flexibility, while learning to
perform in competition and on
stage. We look forward to a fun
filled Summer of dancing!

Daily Schedule

- ♣ Morning Warm-Ups
and Exercise
- ♣ One-on-One Skills
- ♣ Soft Shoe
- ♣ Hard Shoe
- ♣ Show Music and Dance (e.g.
Champion dance choreography)

***Lunch - bring or buy!**

Our Staff

- ♣ Certified Irish Dance Instructors
- ♣ Champion Dancers
(In college, High School & Middle School
enrolled in our championship programs)

Features

- ♣ T-Shirt
- ♣ Daily Contests
- ♣ Friday performance at 2pm followed by
awards, trophies and party (please
sign up to bring in a drink or snack
during your camp week)

Camp Fee

- ♣ \$275 Tuition/Full Day

A **non-refundable deposit of \$50** is due
May 6, 2014. \$225.00 & Balance is due on
June 3, 2014

**15% discount for second week or
additional child(ren).**

Insurance Waiver:

I agree not to hold responsible, or to institute suit
against the Deirdre Shea School of Irish Dance or
any employee of Deirdre Shea Dance School or
Blue Ribbon Shopping Plaza LLC, for **any** personal
injuries sustained while participating in this camp. I
verify my child has **health coverage** and that my
child has received a physical examination during
the school year and is able to fully participate in this
camp. By signing below you agree that the Deirdre
Shea School of Irish Dance and any employee of
the Deirdre Shea school is not responsible for any
injury or medical expense that may occur during the
camp weeks.

Name.....

Parents/Guardian's signature

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Please list any medical conditions/allergies
or concerns.....

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