

Gayle's DancePhase
Summer Dance, Technique, & Tumbling Program
(248) 305-5600
 51770 Grand River Ave., Wixom, MI 48393
 e-mail: gaylesdancephase@yahoo.com



4 Week Session on Thursdays Begins August 9th, 2018

Please note: This schedule is subject to change based on demand.

	Time	Class	Age
1.	10:00-10:30am	Tap	2½-3½
2.	10:00-10:45am	Ballet	5-7
3.	10:30-11:15am	Tap/Ballet	3½-4½
4.	10:45-11:15am	Tap	5-7
5.	11:15-11:45am	Jazz	5-7
6.	11:15-11:45am	Tap	8-10
7.	11:45a-12:15p	Jazz	8-10
8.	11:45a-12:15p	Hip Hop	5-7
9.	12:15-12:45pm	Tap	11-13
10.	12:15-1:00pm	Ballet	8-10
11.	12:45-1:30pm	Lyrical/Jazz	11-13
12.	1:00-1:30pm	Hip Hop	8-10
13.	1:30-2:00pm	Hip Hop	11-13
14.	1:30-2:15pm	Lyrical	8-10

	Time	Class Type	Age
15.	11:45-12:45pm	Grade IV	
16.	12:45-1:45pm	Grade V	
17.	1:45-2:30pm	Grade III	
18.	2:30-3:15pm	Grade I	
19.	2:30-3:15pm	Grade II	
20.	3:15-3:45pm	Pointe	Beg/Int
21.	3:15-3:45pm	Pointe	Adv
22.	3:45-4:30pm	Technique	
23.	4:30-5:15pm	Turns & Leaps	
24.	5:15-6:00pm	Contemporary	Int/Adv
25.	6:00-6:45pm	Tap/Ballet	2½-4

	Time	Class	Age
26.	10:00-10:30am	Tumbling	3½-5
27.	10:30-11:15am	Tumbling	8-10
28.	11:15a-12:00p	Tumbling	11-13
29.	12:15-1:00pm	Tumbling	5-7
30.	1:00-1:45pm	Adv Tumb	13 & ↑
31.	1:45-2:30pm	Adv Tumb	8-10
32.	2:30-3:15pm	Adv Tumb	10-13

- 30 min class = \$38
- 45 min class = \$42
- 60 mins of class = \$50
- **If you register for multiple dance classes, tuition will be based on total minutes of dance. Call or email for total price.**
- Solos lessons will also be available. Solos are \$30 per lesson; please mark if you

Registration must be received by Thursday, June 21st. Payment must be received with registration.
 We will notify you if a class time has changed or is cancelled through your **confirmation email**.

SUMMER DANCE REGISTRATION FORM

COMPLETE AND MAIL TO: Gayle's DancePhase, 51770 Grand River, Wixom MI 48393.

*Please be sure to include payment! Watch for your **confirmation email** with exact times as times some times change slightly due to enrollment. This will arrive after June 21st.*

Parent Name _____ Phone _____ Email: _____

Address _____ City _____ Zip _____

Student Name _____ Date of Birth _____ Gender F / M Class #(s) _____

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Please mark if you would like a solo/duo/trio: _____ Subject: _____