KELLY-OSTER SUMMER CAMPS

Our Irish Dance Camps will feature guest teacher and championship dancer Joe Davis from England!

Register by July 1st! Space is limited to 15 per class so be sure to register early.

A $25 non-refundable deposit **per camp** required by July 1st ($10 for Tir Na Nog) and balance due on/by the first day of the camp.

FEIS CAMP, $75 per class July 11-14, 2011 VFW, Route 52 Carmel, NY	**NEW MATERIAL CAMP, $75 per class JULY 18-21, 2011 Put Valley GAC, Kramers Pond Rd, Putnam Valley, NY**
CODES & LEVELS	**CODES & LEVELS**
FC12: Level 1 & 2 Soft Shoe: 12:00 - 1:00	**NM12**: Level 1 & 2 Soft Shoe: 11:00 - 12:00
FC23FHS: Level 2 & 3 Fast Hard Shoe: 1:00 - 2:00	**NM23FHS**: Level 2 & 3 Fast Hard Shoe: 12:00 - 1:00
FC3SHS: Level 3 Slow Hard Shoe: 2:00 - 3:00	**NM34SHS**: Level 3 & 4 Slow Hard Shoe: 1:00 - 2:00
FC3SS: Level 3 Soft Shoe: 3:00 - 4:00	
OIREACHTAS Open to Qualifying Dancers, $125 Per Class	**TIR NA NOG** For 2, 3 & 4 year old beginners, $20 Per Class
CHAMPIONSHIP CAMPS	**TNN1**: July 12 & 14, 11—11:45 am, VFW Hall, Carmel, NY
CC1: July 11-14, 5 pm—8 pm, VFW Hall, Carmel, NY	**TNN2**: July 19 & 21, 10—10:45 am , Put Valley GAC, PutValley
CC2: July 18-21, 3:30—7:30 PM, Put Valley GAC, Putnam	**TNN3**: July 26 & 28, 12—12: 45 pm, KKO, Brewster, NY

Dancer(s) Name	**Date of Birth**	**Dance Level**	Camp Code	*#*	*Cost*
Parent/Legal Guardian Names:					
Address:					
Home Phone:	Cell #:				
Work Ph:	Other #:				
Email:			**Less Deposit(s)**		
Other:			Total Due		

Permission & Release: I acknowledge that this activity involves exertion and carries with it the potential for injury. I hereby agree to waive the right to take legal action against the Kelly-Oster School, Carmel VFW, KKO dance studio / Oster Family Home, Kerry Kelly-Oster, Karyn Oster, and/or any affiliates and associates for injuries incurred on these premises. It is understood and agreed that the participant is physically fit and prepared for participation in the activities which will be undertaken, and that the participant has not been advised by any doctor or other medical person that participation in these activities should be avoided and/or limited.

Signature of Parent or Legal Guardian_____ Date_____

Photo Release: I give permission for photos to be taken of my child to be used in future Kelly-Oster School publications.

Signature of Parent or Legal Guardian_____ Date_____