

# Nancy Dianne Studio of Dance, Ltd.

P.O. Box 171  
Menomonee Falls, WI 53052-0171  
Studio Phone: (262) 251-3940  
Home Phone: (262) 538-4399

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## 8 WEEK SUMMER INTENSIVE WORKSHOP

June 17 – August 13, 2019

This Workshop is for the serious Middle School and High School students who wish to explore and expand their skills with respect to different technical aspects of Jazz and Modern Dance. Emphasis will be placed on conditioning and stretching as well as turn and jump technique.

### WORKSHOP INFORMATION:

Session Dates: June 17 – August 13, 2019 (with week of July 4 off)  
Class Meeting Days: Monday or Tuesday (as noted below)

Class Offerings	Class day/ Time / (Instructor)	Tuition
High School Modern	Monday 5:00 – 6:30 PM (MZ)	\$160.00
High School Jazz	Monday 6:30 – 7:45 PM (MZ)	\$145.00
High School Modern/Jazz	Monday 5:00 – 7:45 PM (MZ)	\$260.00

Class Offerings	Class day/ Time / (Instructor)	Tuition
Middle School Modern	Tuesday 6:30 – 7:30 PM (CW)	\$136.00
Middle School Jazz	Tuesday 7:30 – 8:30 PM (CW)	\$136.00
Middle School Jazz/Modern	Tuesday 6:30 – 8:30 PM (CW)	\$230.00

Instructor Key:

(MZ) Miranda Zielinski (CW) Chelsey Wagner

(Please see Studio Website for Biographical Information)

### TO REGISTER:

Print and complete the Registration Form that follows and send it along with your Tuition Fees by Monday, June 10, 2019 to:

**Nancy Dianne Studio of Dance, Ltd.**

**P O Box 171**

**Menomonee Falls, WI 53051**

Confirmation of your Registration will be sent to you by e-mail, so please be sure to include that information on your Registration Form

Please feel free to contact us at either of the numbers indicated above if you have any questions regarding this Summer Intensive Workshop. We also invite you to visit our Website (www.nancydiannestudioofdance.com) for full Studio Policies and other useful information.

Sincerely,

NANCY DIANNE STUDIO OF DANCE, LTD.



Nancy Dianne Stark  
Director



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**NANCY DIANNE STUDIO OF DANCE, LTD.**

**P O Box 171**

**Menomonee Falls, WI 53051**

**2019 Eight Week Summer Intensive Workshop Registration**

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Parent Name: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Grade (as of Spring 2019): \_\_\_\_\_

Class desired: \_\_\_\_\_

Tuition: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade (as of Spring 2019): \_\_\_\_\_

Class desired: \_\_\_\_\_

Tuition: \_\_\_\_\_

Tuition Enclosed: \_\_\_\_\_