



Experience the Magic!



ALL ABOUT DANCE

2025 SUMMER CAMP-ALICE IN WONDERLAND



Purity Springs, Madison New Hampshire

Monday, August 18th-Thursday, August 21st
Or

Monday August 18th-Wednesday August 20th



Includes:

- Bus Transportation
- 4 days/3 nights - 3days/2 nights (TBD)
- Woodside Cabin Accommodations
- ALL meals - allergy and vegetarian dishes available
- Master Dance Classes
- Classes include: Tap, Jazz, Lyrical, Hip Hop, Musical Theatre, Acting and many more!
- Lake time including canoes, kayaks, trampoline, paddle boards with lifeguard on duty at all times
- Campfire
- BBQ
- Annual Party. This year is "Alice in Wonderland"
- "Official" Dance Camp souvenir t-shirt
- Cell phones allowed for night time check-ins



Please note that Miss Lisa, Miss Christina and Miss Norma will be attending the camp as well.
We will be there at all times with the girls.

ANY DANCER ATTENDING CAMP MUST BE 8 YEARS OF AGE OR OLDER!



Camp Costs and Fees

4 Days/3 Nights
Cost: \$650.00

3 Days/2Nights
Cost: \$550.00

Payment Plan

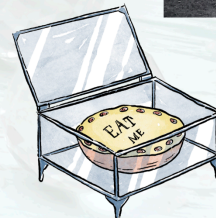
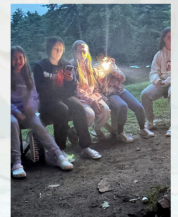
\$100.00 nonrefundable deposit 02/01/2025
 \$137.50 due 03/01/2025
 \$137.50 due 04/01/2025
 \$137.50 due 05/01/2025
 \$137.50 due 06/01/2025

Payment Plan

\$100.00 nonrefundable deposit 02/01/2025
 \$112.50 due 03/01/2025
 \$112.50 due 04/01/2025
 \$112.50 due 05/01/2025
 \$112.50 due 06/01/2025



Please go to www.allaboutdance1.com to register for camp!
All payments can be paid by cash, check made out to All About Dance,
or Venmo to Lisa-DaltonFaia



ALL ABOUT DANCE CAMP 2025 APPLICATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE _____

LEVEL I _____
(ages 8-11)

LEVEL II _____
(ages 12 & older)

EMERGENCY INFO: In case of emergency contact

NAME _____

PHONE _____ RELATIONSHIP TO DANCER _____

MEDICATIONS _____

MEDICAL ISSUES/ALLERGIES (Please explain)

• **TYLENOL RELEASE** _____ yes my child can have Tylenol if requested
_____ no my child cannot have Tylenol

• **T-SHIRT SIZE** : Ch Sm _____ Ch Md _____ Ch Lg _____ Ch XL _____ A Sm _____ A M _____ A Lg _____ AXL _____

• **MEAL RESTRICTIONS:** _____ VEGETARIAN _____ FOOD ALLERGIES (please explain)

CABINS: Campers may choose 2 students to room with. We will do our best to make sure they are at least with 1 person on their list.

1. _____ 2. _____

TERMS AND CONDITIONS This Release Agreement applies to the use of all facilities, premises and equipment and participation in all activities, programs, services or events mentioned in the All About Dance Camp 2024 brochure or any/all related advertising, including all participation in master dance classes, aquatics, team building activities, or social activities provided by All About Dance Camp 2024. **DISCLAIMER** I acknowledge that AAD Dance Camp directors, volunteers, members and representatives, are not responsible for any injury, loss or damage of any kind sustained by any person while participating in any and all activities; including injury, loss or damage of person or personal property while attending Camp activities.

Signature Parent or Guardian

Date

2025 Summer Camp Waiver



PLEASE READ CAREFULLY

Child's Name		DOB
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	

I understand that participation in, and the movements involved with All About Dance's summer programs, carries with it a risk of injury. Therefore, I hereby waive and release All About Dance, it's staff and all involved parties, from any and all liability for any injuries or illness incurred by my child while at All About Dance's summer programs of any kind.

I agree that All About Dance will not be held liable for any medical expenses incurred while my child is at All About Dance's summer programs.

I further authorize All About Dance, it's staff and any involved parties, to act for my child in any emergency requiring medical attention.

I further attest that, in lieu of a medical certificate signed by a medical physician, I have no knowledge of any physical or mental impairment that would be affected by my child's participation in the All About Dance's summer programs.

ACCEPTED BY

Print Parent/Guardian Full Name	
Signature Parent/Guardian	
Print Student/Child Name	
Date	