



LoMastro
PERFORMING ARTS ACADEMY

Presents

Dance with Frosty & Friends

A Holiday Dance Workshop for Kindergarten - 5th Graders



Sunday, December 12 from 1:00-3:30 PM

Enjoy learning exciting dance routines taught by the members of LoMastro Performing Arts Academy's Dance Company. Learn the newest moves and steps from the dancers themselves. Experience Hip Hop and Jazz routines, activities, games, and a holiday craft!

Workshop Schedule

1:00-1:15pm	Welcome & Warm-up
1:15-2:00pm	Jazz Routine & Game
2:00-2:30pm	Craft & Activities
2:30-3:15pm	Hip Hop Routine & Game
3:15-3:30pm	Showcase

children will be divided into groups by grade

Boys & Girls – Kindergarten through 5th Grade – can be part of this fun-filled dance workshop.

All proceeds will help defray Dance Company costume and production costs .

Workshop Fee = \$30

No experience necessary.

Space is limited - REGISTER NOW!

www.lomastro.com



847-615-5400

840 S. Waukegan Road, Lake Forest, IL 60045

Located in Forest Square between Lou Malnati's and Tips 2 Toes.

LoMastro

PERFORMING ARTS ACADEMY

REGISTRATION FORM

Dance with Frosty & Friends

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I AM A CURRENT LPAA STUDENT I AM NOT CURRENTLY ENROLLED AT LPAA

STUDENT'S NAME

DATE OF BIRTH (M/D/Y)

SCHOOL / GRADE 10-11

NEW STUDENTS PLEASE COMPLETE THE FOLLOWING:

ADDRESS

CITY / STATE / ZIP CODE

PARENT EMAIL

HOME PHONE #

PARENT CELL PHONE #

PARENT'S NAMES

MEDICAL CONDITIONS / ALLERGIES

EMERGENCY CONTACT NAME / PHONE # / RELATION

*HOW DID YOU HEAR ABOUT LPAA?(CIRCLE 1) FLYER POSTCARD MAIL E-MAIL REFERRED BY _____

I/We, on our own behalf and as Guardian of _____ [insert name of student], hereby release LoMastro Performing Arts Academy, Inc., its Agents, affiliates, assigns and employees from any and all actions, causes, causes of action, suits, damages, claims and liability whatsoever, at law or in equity which I/We may have with respect to personal injury, illness, or property damage or any other damage that may be incurred, occurring on or off the school's premises. I have read the school's policies as outlined. I understand I am responsible for tuition payments as described. I understand there are no refunds. I certify that I am in good health and capable of participating in all school activities and classes, I have consulted a physician to determine the risks if any in participating in said activities and accept said risks freely and voluntarily. I hereby give permission to LoMastro Performing Arts Academy to take photographs for promotional uses for the school and waive all right, title or claim to said photographs as well as any claims that may arise out of the use of said photographs.

Parent/Guardian Signature

Date

WORKSHOP FEE \$ 30.00

SUBTOTAL \$ _____

3% PROCESSING FEE IF PAID BY CREDIT CARD \$ _____

TOTAL \$ _____

PAYMENT MUST ACCOMPANY THIS FORM TO BE PROCESSED. INCOMPLETE FORMS WILL NOT BE PROCESSED.

FAX TO: 847-615-5407

MAIL TO:

**LOMASTRO PERFORMING ARTS ACADEMY,
840 S. WAUKEGAN, LAKE FOREST IL 60045**

YOU MAY PAY BY: VISA MC CHECK

Card number

Exp. date

Authorized Signature

Date

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