

# THE KATIE BENSON SCHOOL OF DANCE

P.O. Box 61 Montoursville, PA 17754 570-368-8084 www.katiebensondance.com

## 4 Week Tap Camp

June 9th, 16th, 23rd, 30th

7:00-7:45 pm

For students in 4th-8th grade.

Cost-\$50

Mail form with payment to PO Box 61 Montoursville PA 17754  
by June 2nd, 2025

Email Miss Jamie at [jburnsdance5678@gmail.com](mailto:jburnsdance5678@gmail.com) with any  
questions.

This summer at KBSD,  
**LET'S TAP  
IT OUT**  
with Miss Jamie!

**WHEN** JUNE 9<sup>TH</sup>, 16<sup>TH</sup>, 23<sup>RD</sup>, 30<sup>TH</sup>  
7-7:45 PM

**WHO** STUDENTS IN 4TH-8TH GRADES

Come join Miss Jamie this summer for a fun four week tap camp where we will be perfecting the basics, learning a mini tap dance and maybe even trying some flashy tap tricks, too! This camp is perfect for those who love to tap or any beginners who want to give tapping a try!

**\$50**

Please contact Miss Jamie at [jburnsdance5678@gmail.com](mailto:jburnsdance5678@gmail.com) with any questions.

STUDENT NAME: \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN/EMERGENCY CONTACT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT:** I, \_\_\_\_\_, understand that participation in, and the movements involved with, the dance and Acro programs carry with it a risk of injury. Therefore, I hereby waive and release *The Katie Benson School of Dance* from any and all liability for any injuries or illness incurred by the above referenced child (children) while enrolled in the dance and Acro programs.

SIGNED/PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEDIA RELEASE:** From time to time photographs may be taken and articles may be written about various activities here at *The Katie Benson School of Dance*. This may include pictures and news articles, advertisements, and promotional announcements in newspapers, magazines, radio and/or TV, internet and on Facebook. May we have your permission to use photos taken of your child?

PLEASE INITIAL YES: \_\_\_\_\_ NO: \_\_\_\_\_

SIGNED/PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_