

Johnny & Diane Martinez of  
Tango Fusion Dance Company  
& Beth Dennett,  
Director - Lake Ave. Drama Club  
present...

**Triple Threat Theater Camp**  
**August 7<sup>th</sup> - 11<sup>th</sup>, 2017**  
**For Campers Ages 7-13**

Join us for a fun week of musical theater foundations including Tap, Jazz, Swing/Salsa, and Voice & Acting. All levels are welcome!

**Camp Hours:** 9:00 AM-2:15 PM

**Location:** St. Peter's Parish Center,  
64 Hamilton Street  
Saratoga Springs, NY

**Tuition:** \$275.00 per camper

**Activities:** Johnny, Diane, and Beth will teach campers the many building blocks of musical theater. Several sessions will be offered throughout the day as campers learn how to "pull it all together" for a group performance on the last day:

**Foundations:** - Musical Theater Jazz

**Sing Loud or Go Home:** Voice with Musical Director, Lesley O'Donnell (K-12 Music teacher and Lake Ave Drama Club Music Director)

**Express Yourself:** Acting

**Icing on the Cake:** Tap\* and/ or Swing & Salsa  
\*no tap shoes necessary

**Pulling it All Together:** perform a complete scene from a well-known musical!

**Campers are required to bring a brown bag lunch and beverage daily**

Registration Form

Please mail this form with a check payable to *Tango Fusion Dance* to:

**Tango Fusion Dance Company**  
**42 White Street**  
**Saratoga Springs, NY 12866**

Phone: (518)932-6446

Email: stepdl@aol.com

Website: Tangofusiondance.com

Please provide the following information:

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Grade in Sept. 2017: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please provide a brief description of your camper's dance & theatre experience on the back of this form.

Signature:

I have read, agreed and signed the Parental Consent below.

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

Parental Consent

I, \_\_\_\_\_,  
give my child,

\_\_\_\_\_  
Permission to participate in the  
Triple Threat Theater Camp  
August 7<sup>th</sup> - 11<sup>th</sup> 2017