

GRAND DANCE EXTRAVAGANZA Workshop Schedule - Wear Smooth-Soled Shoes			
Time	Journey Hall - South (Room with Stage)	Journey Hall - North	Studio
1:00 - 1:50	Viennese Waltz Basic - Intermediate Kaye Munro Jean Milano	Cha-Cha Beginning Steven Forbes	West Coast Swing Fun Whips Intermediate April Morrow
2:00 - 2:50	Cha-Cha Intermediate Kaye Munro Jean Milano	Waltz Beginning John Yantis	Country Two Step Laces April Morrow
3:00 - 3:50	American Tango Intermediate Christine Luders	Rumba Intermediate John Yantis	East Coast Swing Beginning April Morrow
4:00 - 4:50	Samba Intermediate Christine Luders	N/A	Night Club 2 Step Smooth Moves Basics and Beyond April Morrow

DIRECTIONS TO THE STAR CENTER

From I-5 take the 56th Steet West Exit. Go West (right) on 56th St. At South Tacoma Way, take a left. Turn right on 66th Street. Go a few blocks and the Star Center will be on the right.

TO REGISTER: Call 253-404-3939 or return the registration form below with payment to:
Star Center, 3873 S 66th St., Tacoma, WA 98409

MAKE CHECKS PAYABLE TO: METRO PARKS TACOMA

Print Last Name		First Name	DOB	USA Dance Member?	
			Sex	#	Exp.
Address			City	Zip	
Home Phone		Day Phone		Emergency Name/#	
<i>Please register me for the following Grand Dance Extravaganza activities:</i>					
Course Code	Activity (COMPLETE EVENT OR INDIVIDUAL WORKSHOPS &/OR DANCE)		Time	Fee	
	cha				
			Total	\$	

☐ Please check if you require special accomodations (10 days advanced notice required)

RELEASE OF LIABILITY:

I waive all rights and release all claims that might be had against MetroParks of Tacoma and USA Dance, its hired or contracted instructors and their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child's or children's participation in the programs, activities offered by the Metro Park and/or USA Dance in consideration of permission of the District to participate in the activity.

I consent to my or my child's participation in the activity/program of Metro Parks and USA Dance and authorize the District and its employees to provide emergency medical for me or my child on my behalf.

I give my permission to have my photo or the photo of my child taken during activities and used for publicity purposes by either organization.

Signature of Participant, if under 18/Parent/Legal Guardian must also sign.

Date

