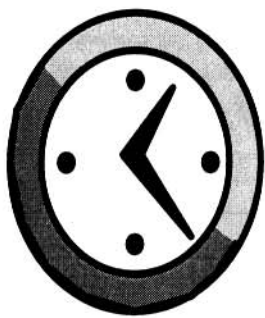


Full Hour Of Class



With A Variety Of Subjects:
Dance, Gymnastics, Baton, Theatrics,
Stage Presences

You Choose How To Pay
By The Week Or By The Month

All In The Safety Of
Your Own School


Offering Classes In:

- ★ Dance 
- ★ Gymnastics 
- ★ Baton 
- ★ Theatrics 
- ★ Clowning 
- ★ Juggling 
- ★ Stage Presence 
- ★ Novelty Routines 



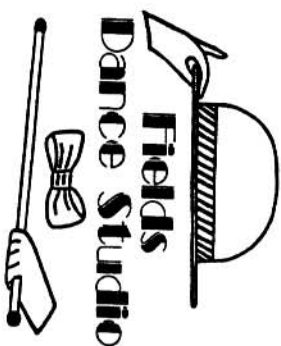
596 Hemlock Road
Newport News, Virginia 23601
Phone: (757) 596-5113
(757) 406-0600
www.fieldsdancestudio.com



Beat Summer Heat 



Sizzle Inside With
Fields Dance Studio's
Satellite Program



Summer Classes Forming Now!

A Quality Program
In The Protected
Environment Of Your
School



Fields Dance Studio has been teaching the art of dance, gymnastics, baton and theatrics to children in the Tidewater Area since 1936. We are committed to providing a quality education in a positive environment conducive to learning. It is our philosophy that students should enjoy their lessons. Through our experience we have found that students not only learn more while having fun but reach a much higher level of achievement.

All of our teachers are professionals and fully qualified. Our classes are always open for visitors, at parents convenience, and are limited only by the rules of your school.

How could your child benefit from such a program?

The Study of dance and gymnastics, aids in the development of:

- Hand-Eye Coordination**
- Cooperative Skills**
- Locomotor Skills**
- Aerobic Fitness**
- Self-Confidence**
- Memory Skills**
- Endurance**
- Flexibility**
- Strength**
- Balance**
- Poise**



Please return this portion to your director or school office



Student's Name: _____ *Age:* _____ *Birth Date:* _____

Address: _____ *City:* _____ *State:* _____

Daytime Phone: _____ *Evening Phone:* _____ *Zip Code:* _____

Teacher's Name: _____ *Email:* _____

Special Medical Information: _____

I am fully aware and appreciate the risks that any activity involving dance and/or motion can create the possibility of injury. In the event of an accident or injury, I will not hold Fields Dance Studio, its teachers or any of its associates responsible. I give my permission for my child to be photographed and/or video taped during the course of this program. I am aware and agree these photographs and/or video tapes maybe used in future advertisements by Fields Dance Studio.

I agree to pay \$8.00 per week for my child's participation in Fields Dance Studio's Satellite Program, unless written notification of termination is given, no less than one week prior to my child termination of this program. I understand that there will be a \$30.00 charge for any returned checks regardless of reason.

Parent's/Guardian's Signature: _____ *Date:* _____

School Name: _____