



LEAPS & TURNS CLINIC

AGES 7-19 **Winston-Salem, NC**

FRI-SAT-SUN * July 30-Aug. 1, 2021

Ever wonder how some dancers can spin for days? Want to learn the mechanics and CORRECT way to turn/leap?

Spend three days focused on just that! Space is limited, so register early!

This is an advanced workshop. **Use dancer's age as of July 30 to determine Level.** *Brings lots of Band-Aids and tape!*

LEVEL (please check one)	COST
<input type="checkbox"/> <u>LEVEL 1 (ages 7-10)</u> Single pirouette, pique turn, chaine turn, posse jump, jete jump, saut de chat jump/leap, etc. 5:00-6:30pm Friday 10:00-11:30am Saturday 1:00-2:30pm Sunday	<u>\$95 / \$65 for Registered DE students</u>
<input type="checkbox"/> <u>LEVEL 2 (ages 11-13)</u> Single/double pirouette with progression, pique turn, chaine turn, single tour (males), jete jump, saut de chat jump/leap, leap in second, calypso jump, etc. 5:00-6:30pm Friday 10:00-11:30am Saturday 1:00-2:30pm Sunday	<u>\$95 / \$65 for Registered DE students</u>
<input type="checkbox"/> <u>LEVEL 3 (ages 14-15)</u> Triple pirouette with progression, double pique turns, turns in attitude position, turns in second, floats, fouette turns, double tour (males), jete jump, saut de chat jump/leap, calypso, leap in second, scissor arabesque, tilt jumps, etc. 6:45-8:45pm Friday 11:45am-2:00pm Saturday 2:45-5:15pm Sunday	<u>\$105 / \$75 for Registered DE students</u>
<input type="checkbox"/> <u>LEVEL 4 (ages 15-19)</u> Quadruple+ pirouette with progression, double pique turns, turns in attitude position, turns in second, floats, multiple fouette turns, illusion turns, tour in passe (males), jete jump, saut de chat jump/leap, calypso, leap in second, scissor arabesque, tilt jumps, scissor jumps, etc. 6:45-8:45pm Friday 11:45am-2:00pm Saturday 2:45-5:15pm Sunday	<u>\$105 / \$75 for Registered DE students</u>

All fees are NON-REFUNDABLE. There is no "per class" availability, as LEAPS & TURNS CLINIC sells out. Questions? Email dancersedgeNC@gmail.com

2021 LEAPS & TURNS CLINIC REGISTRATION FORM – Winston-Salem, NC

Dancer's Name: _____ Date of Birth (mm/dd/yy): _____

Email Address (please print clearly): _____

Address (incl. CITY & ZIP): _____

Parent/Guardian: _____ Cell or Eve #: _____

Previous Dance Experience: _____

*As with any active sport or event, I understand that there are certain inherent risks associated with participating in this activity. I understand that Dancers Edge, it's staff, and affiliates are not responsible for accident, illness, injury, or loss. I will notify Dancers Edge and its staff of any risk factors which may prohibit my performance. **Dancers please bring PLENTY of Band Aids and tape for your feet!***

Signature (required): _____ Date: _____

EMAIL FORM TO: dancersedgeNC@gmail.com

A confirmation email will be sent to the email address provided prior to the Turns Clinic.