

## SUMMER BALLET CAMP 2011

The Brae Crest School of Ballet, official school of The State Ballet of Rhode Island, Director, Herci Marsden, is pleased to offer a two (2) week **Summer Ballet Camp** for children ages 5 to 12, with at least 1 year of ballet training. This uniquely designed camp is an opportunity for the student to enjoy and experience the many aspects of classical ballet technique, which includes character dancing, stage make-up, choreography, injury prevention, nutrition, art class, French class, Pilates class, dance history & film class, as well as theatrical class. Give your child the opportunity to study with highly regarded professionals in a beautiful country setting.

**TWO WEEK CAMP** July 11 through July 15 (*theme: MADELEINE at the BALLET*)  
 July 18 through July 22 (*theme: MARY POPPINS*)  
 Um-diddle-diddle-um-diddleye)

### **REGISTRATION**

A non-refundable deposit of \$25.00 for either week (\$40 for 2 weeks)  
**Due by May 1, 2011 (for ordering art supplies) \*\*\*Camp enrollment limited!**

**Balance due by June 1, 2011**

**TUITION** One Week **\$195.00** (\$220.00 total)  
 Two Weeks **\$350.00** (\$390.00 total)

Please make *checks payable to Herci Marsden*  
 For more information call (401) 334-2560  
[Info@stateballet.com](mailto:Info@stateballet.com)    [www.stateballet.com](http://www.stateballet.com)

### **Additional Class Description & Materials Needed**

**Character Class:** Ethnic folk dancing – introduced in choreography of themed week.

**Stage Makeup Class:** How to apply stage makeup – Mirror, false eyelashes (optional), cold cream, **dark** blue/brown eye shadow, amber rose blush, dark brown or black liquid eye liner, Fusia (pink/red)lipstick, black mascara, hair elastics and towel

**Lunch:** beach towel, snack, drink & lunch (beverages and snack machine available at \$1.00 or more)

**Clothes:** Arrive dressed in ballet attire every morning. Bring clothes – shorts, t-shirt, sneakers, sandals or flip flops, short sleeve smock, sweat shirt optional and **name on all belongings.**

**After camp care available with Miss Ana (\$10 per hour)**

#### FACULTY

**Herci Marsden**  
 Croatia National Ballet  
 The State Ballet of RI

**Ana Marsden Fox**  
 Royal Ballet School of London  
 The State Ballet of RI

**Mia Nocera Godbout**  
 SBRI Alumni Dancer  
 The State Ballet of RI

**Lori Broess**  
 SBRI Alumni Dancer  
 The State Ballet of RI


**Shana Fox Marceau**  
 SBRI Alumni Dancer/Choreog.  
 The State Ballet of RI

**Additional Faculty:**  
 Guest Teachers

**Counselors:** SBRI Dancers

<u>TIME</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
9:00am	arrival	arrival	arrival	arrival	arrival
9:15am	Ballet & choreography	Ballet & choreography	Ballet & choreography	Ballet & Choreography	Ballet choreography Run-through
10:30am	Art	Theatre/music	Art	Theatre/music	Art/wrap-up
11:30am	Art	Nutrition	Art	Show & tell	Lunch
12:00pm	Lunch	Lunch	Lunch	Lunch	Prepare
1:00pm	Makeup	French/library	Makeup	French/Pilates	1:30 pm show time
2:30pm	Dismissal	Dismissal	Dismissal	Dismissal	Dismissal

**Send Registration form to:** Brae Crest School of Ballet  
 PO BOX 155  
 Lincoln, RI 02865-0155

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### **REGISTRATION FORM** (please print)

**Current Ballet Class day and time:** \_\_\_\_\_ **Size:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**City & State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **In Case of Emergency:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Week 1** \_\_\_\_\_ **Week 2** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

*I being the parent/guardian of the above-named child give my approval to partake with Brae Crest School of Ballet*

*I understand and acknowledge that a risk of injury exists in Summer Ballet Camp. I assume these risks and incidental hazards.*

*I hereby in agreement with the Rhode Island General Law 7-6-9 release and agree to hold harmless the Brae Crest School of Ballet, it's directors, servant, employees, and volunteers with said organization.*

*I also hereby grant permission to Brae Crest School of Ballet supervisors to obtain emergency medical care from any licensed medical personnel for the named herein at such time as either parent or guardian cannot be contacted.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Check here \$25.00  deposit (Week 1 ) or (Week 2 ) OR Weeks 1&2