



Nancy Cowan School of DANCE

SCHEDULE FOR BALLROOM LESSONS

Location: Leslie Hall (beside St. James Anglican Church),
19 Clothier St. W. Kemptville.

Time: Saturdays 3:30pm to 4:30pm
Wednesdays 6:30pm to 7:30pm

Saturday Schedule:

Fall Session 2009

(10 classes)
Sep 12 to Nov 21 (no class Oct 31)
Cost: \$175/person or \$340/couple

Winter Session 2010

(8 classes)
Jan 9 to March 12 (no classes Jan 30, Feb 13)
Cost: \$140/person or \$270/couple

Spring Session 2010

(8 classes)
March 27 to May 22 (no class Apr 17)
Cost: \$140/person or \$270/couple

Wednesday Schedule:

Fall Session 2009

(10 classes)
Sep 16 to Nov 18
Cost: \$175/person or \$340/couple

Winter Session 2010

(8 classes)
Jan 13 to March 3
Cost: \$140/person or \$270/couple

Spring Session 2010

(8 classes)
March 24 to May 12
Cost: \$140/person or \$270/couple



Nancy Cowan School of DANCE

Ballroom Registration Form

Name(s) _____

Address: _____

Phone Numbers: _____

Email: _____

Allergies/Health Problems: _____

How did you hear about the school? _____

Fall Session 2009 – Wednesday Nights

(10 classes)

Sep 16 to Nov 18

Cost: \$175/person or \$340/couple

Winter Session 2010 – Wednesday Nights

(8 classes)

Jan 13 to March 3

Cost: \$140/person or \$270/couple

Spring Session 2010 – Wednesday Nights

(8 classes)

March 24 to May 12

Cost: \$140/person or \$270/couple

• Class schedule subject to change due to enrolment and ability.

• Make cheques payable to "**NANCY COWAN.**"

• ***Please read the bottom of this form, then sign, date and return the form to Nancy.***

PLEASE READ AND SIGN THE FOLLOWING STATEMENT.

I, the undersigned, do hereby release, Nancy Cowan, Nancy Cowan School of Dance, Leslie Hall, St. James Anglican Church and the Township of North Grenville and their respective officers, employees or agents thereof, from all claims for loss, injury or damage to persons and property while participating in or traveling to and from the activity named on the reverse, which I or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

I have read and understand the above statement.

Date: _____ Signature: _____

Mailing address: 2-1066 SECORD AVE., OTTAWA ON K1H 8C8

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