

# BROADWAY CONNECTION MASTER CLASS

## BEGINNING/INTERMEDIATE level MUSICAL THEATRE JAZZ DANCE IN THE STYLE OF "LION KING"

### WHERE

**Gonzaga University Dance Program Theatre/Dance Studio**  
**N 1108 Pearl Street Spokane, WA**(due to construction-park street or Jundt Art Museum lot)

### WHEN

**Saturday, January 26<sup>th</sup>, 2019** Class: **10:00-11:45AM**  
Question/Answer period: **11:45-Noon**

### COST

INDA member student: **\$25.00 in advance**  
NON-member: **\$35.00 / Door Rate member & non-member if space available.**  
Check made payable to "INDA"

**MAIL TO:** INDA Attn: Isabelle Cook; 4120 South Sullivan Rd; Veradale, WA 99037

### WITH

**Erynn Dickerson** Ensemble Cast member of "Lion King"

**Erynn** began her artistic studies at the Debbie Allen Dance Academy, where she was cast in various musical theater productions at the Freud and Geffen Playhouse. She then graduated from Fordham University and the Alvin Ailey school in New York City with a B.F.A. and a minor in communications. Since then, she has appeared in various print ads, TV shows, commercials, music videos and films. She is currently working with Disney Theatrical Productions, touring the world with the Broadway production of The Lion King. #BroadwayConnectionFamily @BwayConnection

**For Master Class information: contact Isabelle Cook at 509-927-0972 /isabelle@isabellesdancetime.com**

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**Please fill out and return with payment: Medical Disclaimer for Master Class – "Lion King"**

**PRINT all information - ONE entry form per person. This Form must be SIGNED & DATED to participate-NO exceptions!**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Studio Name \_\_\_\_\_

Medical Disclaimer: in consideration of the opportunity to participate in the dance workshop sponsored by the Inland Northwest Dance Association, I, individually or as a Parent/Guardian on behalf of a minor, do hereby waive, release, and discharge any and all rights, demands and claims for damages that I may have against INDA, ITS EMPLOYEES, MEMBERS OR AGENTS, for any and all injuries and losses related to this workshop. I attest and I have full knowledge of the risks involved with dance training and that I assume responsibility for my own medical and emergency expenses in the event of an accident, illness, or other incapacity. I state that I am physically fit and sufficiently trained to participate in the class that I have chosen as offered by this workshop. NO REFUNDS.

**SIGNATURE REQUIRED** DATE \_\_\_\_\_

PARTICIPANT (over18) or PARENT/GUARDIAN \_\_\_\_\_