

BROADWAY CONNECTION MASTER CLASS
INTERMEDIATE level MUSICAL THEATRE JAZZ DANCE
IN THE STYLE OF "SCHOOL OF ROCK"

WHERE

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

WHEN

Saturday, May 11th, 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

JP Qualters (Theo) Cast member of "School of Rock"

JP Qualters is currently playing Theo on the first national tour of *School of Rock*. Other credits include an Angel on the first national tour of *Kinky Boots*. Regional Theatres: PCLO, NSMT, Pioneer Theatre Company, Zach Theatre, Gateway, and Fords Theatre. He is excited to be part of the Broadway Connection family and teaching throughout the country!

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

Please fill out and return with payment: Medical Disclaimer for Master Class – "School of Rock"

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 _____