

# IF YOU STUMBLE MAKE IT PART OF THE DANCE

**“I’m moving  
I’m touching  
I’m dancing...  
and I love it!”**



**Lee Terry**  
Ballroom Dance  
Instructor

*Dance away the pounds and have fun doing it!*

**Date:** Wednesday, starting January 8<sup>th</sup>  
Thursday, starting January 9<sup>th</sup>  
Friday, starting January 10<sup>th</sup>

**Time:** **Beginner I: Thursday 7:00** (only first time beginners)  
**Beginner II: Friday 6:00** (only students who have taken Beginner I)  
**Intermediate: Wednesday 7:00**  
**Advanced Beginner: Friday 7:00**

**Length:** 8 weeks (one hour each class)

**Attire:** Comfortable!

**Place:** **Healthtrax Fitness & Wellness**  
250 Faunce Corner Road  
No. Dartmouth, MA 02747  
(508) 999-2171

**Instructor:** Lee Terry – [www.leeterrydancing.bruceerry.com](http://www.leeterrydancing.bruceerry.com)

**Cost:** **\$35 per person for members** \*\*Partners are required  
**\$45 per person for non-members** \*\*Partners are required

## BEGINNERS

Basic steps in Fox Trot - Waltz – Cha Cha – Triple Swing – Lindy  
(in Beginner II new steps will be added in these dances)

## ADVANCED BEGINNERS

Advanced steps in Beginner dances plus Rumba & Tango

## INTERMEDIATE

Advanced steps for Beginner & Adv. Beg. dances plus Salsa  
(Gain better understanding of timing and the character of each dance)

Every new student and all returning students who miss two or more sessions must register for a beginner class.

Instructor’s approval needed to join Adv. Beginner & Intermediate classes

Due to popularity of classes, please register ASAP & return with payment to Healthtrax in person or by mail.  
PLEASE PROVIDE ALL REQUESTED INFORMATION

Name \_\_\_\_\_ Partner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Email address \_\_\_\_\_ Member - \$35    Non-member - \$45 (per person)

**NO CASH PLEASE** Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Class Day** \_\_\_\_\_ **Time** \_\_\_\_\_

Circle One:            *Beginner I*                      *Beginner II*                      *Advanced Beginner*                      *Intermediate*

*Waiver: I hereby, for myself, heirs, executors & administrators, waive and release any and all rights and claims I may have against Healthtrax and its employees for any and all injuries my partner or myself may suffer in connection with this program or use of facilities.*

Signature \_\_\_\_\_

Signature \_\_\_\_\_