

Name: _____
(Please print name of dancer)



Date: _____

Summer Camp Registration 2012

Address: _____

Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ Age: _____ Female Male

Parent/Guardian: _____

July 9-July 13 July 16-July 20 July 23-July 27 July 30-Aug 3 Aug 13-17 Subtotal _____

Half-day(morning only) Full Day HST _____

Paid by: Cheque Cash **TOTAL:** _____

Signature of Parent/Guardian: _____

In Case of Emergency

Emergency Contact #1: _____ Telephone: _____

Relationship to dancer: _____

Emergency Contact #1: _____ Telephone: _____

Relationship to dancer: _____

Necessary medical data (Medical conditions, allergies, etc.): _____

(Below dotted line is for office use only)

Receipt for Summer Camp 2012 at Cathy's Dance Studio

Name: _____

Name of Dancer: _____ Dancer's Birth Date: _____

July 9-July 13 July 16-July 20 July 23-July 27 July 30-Aug 3 Aug 13-17 Subtotal _____

Half-day(morning only) Full Day HST _____

TOTAL: _____

Cathy's Dance Studio Signature: _____