



SUMMER CAMP REGISTRATION

Name of Dancer: _____ Female Male

Date of Birth: _____ Age: _____

Medical Data: _____

Address: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

July 11-15/22 (\$180) July 18-22/22 (\$180) July 11-15/22 and July 18-22/22 (\$350)

Early drop off 8:30am and late pick up 3:30pm (\$5/day or \$20/wk) Check which days you need below.

Monday am pm Tuesday am pm Wednesday am pm Thursday am pm Friday am pm

Cash Cheque E-transfer

TOTAL: _____ Paid By: _____ Date of Payment: _____

Signature of Parent/Guardian: _____

IN CASE OF EMERGENCY

Emergency Contact #1: _____

Phone Number: _____ Relationship to Dancer: _____

Emergency Contact #2: _____

Phone Number: _____ Relationship to Dancer: _____

(Office Use Only)

RECEIPT FOR SUMMER CAMP AT CATHY'S DANCE STUDIO

Name of Dancer: _____ Date of Birth: _____

July 11-15/22 (\$180) July 18-22/22 (\$180) July 11-15/22 and July 18-22/22 (\$350)

Early drop off 8:30am and late pick up 3:30pm (\$5/day or \$20/wk) Check which days you need below.

Monday am pm Tuesday am pm Wednesday am pm Thursday am pm Friday am pm

Cash Cheque E-transfer

TOTAL: _____ Paid By: _____ Date of Payment: _____

Cathy's Dance Studio Signature: _____

519.969.7956

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www.cathysdancestudio.net