



SUMMER CAMP REGISTRATION

Name of Dancer: _____ Female Male

Date of Birth: _____ Age: _____

Medical Data: _____

Address: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

July 8-12/24 (\$250) August 19-23/24 (\$250)

Early drop off 8:30am and late pick up 3:30pm (\$10/day or \$35/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

BOOKED BOTH CAMP WEEKS AND PAID BY JUNE 10 TO RECEIVE \$25 DISCOUNT.

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 8-12/24 (\$250) August 19-23/24 (\$250)

Early drop off 8:30am and late pick up 3:30pm (\$10/day or \$35/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

BOOKED BOTH CAMP WEEKS AND PAID BY JUNE 10 TO RECEIVE \$25 DISCOUNT.

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

Cathy's Dance Studio Signature: _____

519.969.7956

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www.cathysdancestudio.net