



Camp Registration Form

2009

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

2nd Dancer's Name: _____ Age: _____
Birth Date: _____

E-Mail: _____

Home Address: _____

Parent/ Guardian Name: _____

Telephone: _____ (Home) _____ (Other)

Allergies: _____
(please list any important medical information we should know about)

I _____ authorize enrollment of my child/children in *Pointe of Grace Dance Company's* 2009 summer camp.

For Office Use Only

Payment Details: _____

Camp Dates: July 20- 24th Half Day \$105 _____ Whole Day \$195 _____
Aug. 10 -14th Half Day \$105 _____ Whole Day \$195 _____