Camp Registration

Day Camp Date:_____

Name (please print): _____

Address: _____ City: _____

Postal Code:_____ Birthday: _____ Telephone: _____

Cell Phone:_____ E-mail:_____

Primary Contact Person (where applicable): Relationship: _____

Name:_____

Telephone #:_____ Cell Phone:_____

Email: _____

Allergies:

_____

Any Chronic Medical Conditions: (eg. Asthma, Seizures)

_____

Preferred style of dance: _____

Previous experiences:_____

_____

_____

Office Use: P.A. Day Camp

____ Participating in Camp ($30)

____ Early Drop Off ($8/H) Time: _____

____ Late Pick Up ($8/H) Time: _____

$ ____ **Total Amount Paid**