



Windsor Dance eXperience  
 866 Walker Rd. Windsor, ON N8Y 2N5  
[www.windsordanceexperience.ca](http://www.windsordanceexperience.ca)

# CAMP REGISTRATION

Day Camp Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birthday: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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 and Summer Camp**

\_\_\_ Participating in Camp

\_\_\_ Mini Session                      Intermediate Session \_\_\_

\_\_\_ Early Bird \$150                      Regular Fee \$175 \_\_\_

\_\_\_ Early Drop Off (\$8/H) Time: \_\_\_\_\_

\_\_\_ Late Pick Up (\$8/H) Time: \_\_\_\_\_

**Total Amount Paid \$** \_\_\_\_\_

Date Paid \_\_\_\_\_

Cash \_\_\_ Debit \_\_\_ Credit \_\_\_ Cheque \_\_\_ etransfer \_\_\_