

**WINDSOR**  
**519.969.7956**  
2220B Foster Ave, Windsor, ON



**LASALLE**  
**519.969.7957**  
5994 Malden Rd, LaSalle, ON

## MARCH BREAK CAMP REGISTRATION

Name of Dancer: \_\_\_\_\_  Female  Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Data: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### DATES:

Monday, March 12 to Friday March 16, 2018

Half Day (3.5 - 6 yrs, \$120/wk HST included) \*Mornings Only, 9:00am-12:00pm

Regular

Full Day (6+ yrs, \$190/wk HST included)

Intensive (full day only)

**TOTAL:** \_\_\_\_\_  Cash  Cheque  Etransfer 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 MARCH BREAK CAMP AT CATHY'S DANCE STUDIO

Name of Dancer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_  Cash  Cheque  Etransfer Date of Payment: \_\_\_\_\_

Cathy's Dance Studio Signature: \_\_\_\_\_

### **\*NOTE: When emailing the form and paying with e-transfer**

Please stop by the office before your child starts camp on the first day to sign the form in the Parent/Guardian section. Signature is required before the child starts camp.