



SUMMER CAMP REGISTRATION

Name of Dancer: _____ Female Male

Date of Birth: _____ Age: _____

Medical Data: _____

Address: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> July 9-13/18(Windsor/LaSalle reg camp) | <input type="checkbox"/> July 16-20/18(Windsor reg camp) | <input type="checkbox"/> July 23-27/18(*Windsor/LaSalle reg camp) |
| <input type="checkbox"/> July 30-Aug 3/18(Windsor/LaSalle reg camp) | <input type="checkbox"/> Aug 13-17/18(*Windsor/LaSalle reg camp) | <input type="checkbox"/> Aug 20-24/18(Windsor/**LaSalle reg camp) |
| <input type="checkbox"/> Aug 27-31/18(Windsor reg camp) | *Windsor Intensive and Regular camps | **LaSalle Intensive and Regular camps |
| <input type="checkbox"/> Half Day (9am-12pm, 3.5-6yrs, \$120/wk) | | |
| <input type="checkbox"/> Full Day (9am - 3pm, 6+ years, \$190/wk, \$160/wk for additional weeks) | <input type="checkbox"/> Regular | <input type="checkbox"/> Intensive (full day only) |

Cash Cheque E-transfer

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: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> July 9-13/18(Windsor/LaSalle reg camp) | <input type="checkbox"/> July 16-20/18(Windsor reg camp) | <input type="checkbox"/> July 23-27/18(*Windsor/LaSalle reg camp) |
| <input type="checkbox"/> July 30-Aug 3/18(Windsor/LaSalle reg camp) | <input type="checkbox"/> Aug 13-17/18(*Windsor/LaSalle reg camp) | <input type="checkbox"/> Aug 20-24/18(Windsor/**LaSalle reg camp) |
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Cash Cheque E-transfer

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

Cathy's Dance Studio Signature: _____