

Name of Dancer:			
Date of Birth:		Age:	
Medical Data:			
Address:			
Parent/Guardian:			
Phone:		Cell:	
☐ In Your Dancing Era; July	14-18/25 Dance the Night A) per week. A different theme each	Your Dancing Era Part 2; Aug 25 - 29/25 week.
		pm \Box Jungle; Aug 25 - 29/25, 12:30 3:30pm (\$10/day) Check which days	
		ednesday am pm Thursday a	
<u>понаау</u> апрп			<u>а</u> у _ар
BOOK A CAMP(S) A		☐ Cheque ☐ E-transfer CEIVE A \$25 DISCOUNT ON YOUR T	OTAL (one discount per dancer).
Signature of Parent/Guard	lian:		
	IN CAS	E OF EMERGENCY	
Emergency Contact #1:_			
Phone Number:		Relationship to Dancer:	
Emergency Contact #2:_			
Phone Number:		(Office Use Only) Relationship to Dancer:	
RECEIPT	FOR SUMMER C	CAMP AT CATHY'S D	ANCE STUDIO
Name of Dancer		Date of Birth:	
		veek/\$260 additional weeks. A dif	
			Your Dancing Era Part 2; Aug 25 - 29/25
	Half Day Camps \$150	per week. A different theme each	week.
		pm \square Jungle; Aug 25 - 29/25, \square 12:30	•
		3:30pm (\$10/day) Check which days	
<u>Monday</u> □am □pm	<u>Tuesday</u> □ am □ pm <u>We</u>	<u>ednesday</u> □am □pm <u>Thursday</u> □a	am □pm <u>Friday</u> □am □pm
	\Box Cash	\square Cheque \square E-transfer	
BOOK A CAMP(S) A	ND PAY BY MARCH I TO RE	CEIVE A \$25 DISCOUNT ON YOUR T	OTAL (one discount per dancer).
TOTAL:	Paid By:	Date of Payment:	:
Cathys Dance Studio signs	ature		