

Summer Camp Registration - 7-9 year olds

Child's name _____ Parents' names _____

Address _____ City _____ Zip _____

(M) Home phone _____ Work phone _____ Cell phone _____

(D) Home phone _____ Work phone _____ Cell phone _____

Child's birth date _____ Age _____ Experience _____

Friend(s) your child is registering with _____

Emergency contact person: _____ Phone: _____

Email address: _____ Amount paid: _____

Each class meets from 11:15-12:00 Monday through Thursday for one week. The cost for each session is \$56.

Please check which session(s) you are registering for and return with payment.

June 22-25

July 13-16

August 3-6

Descendants Dance Jam _____

Pom Pom Party _____

Hip Hop Hurray _____