

2017 Festival Dance Camp Registration Form

Name: _____ Age: _____

Names of Parents/Guardians: _____

Address: _____

City, State, Zip: _____

Phone: H _____ W _____ C _____

Email: _____

Person to notify if parent/guardian is unavailable: _____

Phone: H _____ W _____ C _____

Dance Studio/Teacher: _____

Roommate Request: _____

Dancer's Phone: C _____ Email: _____

T-Shirt Size (Adult Sizes) ~ Please Circle One: **SMALL** **MEDIUM** **LARGE**

Attendance Information:

- ◇ I will attend 2 week camp in-residence July 8th ~ July 21st
- ◇ I will attend 1 week camp in-residence July 15th ~ July 21st
- ◇ I will attend 2 week day camp July 8th ~ July 21st
- ◇ I will attend 1 week day camp July 15th ~ July 22st

Payment Information:

- ◇ Enclosed is payment in full. (Check or Money Order)
- ◇ Enclosed is \$100 non-refundable deposit. (Check or Money Order)
- ◇ Please charge my Credit Card- payment in full.
- ◇ Please charge my Credit Card- \$100 deposit.

Card Type: Visa Mastercard Discover Amex

Card Holder Name: _____

Card # _____ Exp. # _____ CVC _____

Signature: _____ Date: _____

*** Please send this form along with payment to: Festival Dance Camp, 111 N. Hill Street, Griffin, GA 30223**