



Festival Dance Camp 2018 Registration Form

Name: _____ DOB _____ Age: _____

Dancer's Phone: Cell _____ Email: _____

*Administration uses the Remind app throughout the camp to send daily reminders and rehearsal videos.

Names of Parents/Guardians: _____

Email: _____

Address: _____

City, State, Zip: _____

Parents/Guardians Phone: Cell: _____ Home: _____

Emergency Contact: _____ Relationship: _____

ER Contacts: Cell _____ Home _____ Work _____

Dance Studio and Teacher: _____

Roommate Request: _____

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

ATTENDANCE INFORMATION:

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

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 non-refundable 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**