

BALLET SPARTANBURG 2018 SUMMER CAMPS REGISTRATION FORM

Basic Information:

- For a fun and safe camp experience, wear the proper dance wear for each camp.
- Pack a snack and water for each camp session.
- Cellphones and electronic devices are prohibited at camp. These items distract from the learning environment.

Camper's Name: _____ Age: _____

Parent/Guardian Name: _____

Cell Phone: _____ Day Phone: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Emergency Contact Name: _____

Number: _____

<u>Date(s) of Camp:</u>	<u>Camp Requested:</u>	<u>Camp Fee:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camp total: \$ _____

I hereby give approval for my child to participate in Ballet Spartanburg activities during the above date(s), and release Ballet Spartanburg and personnel from any responsibilities for accident or injury resulting from any negligent act of the above child. I also agree to allow my child to be photographed and used in Ballet Spartanburg materials.

Parent/Guardian Signature and Date:

Please mail this registration form with payment (Check or Credit Card) to:
Ballet Spartanburg/Summer Camps
200 E. St. John Street
Spartanburg, SC 29306

MC VISA AMEX CHECK

CREDIT CARD NUMBER _____ CVV _____

EXP. _____ ZIP CODE _____