



2017 SUMMER CAMPS

REGISTRATION FORM

Student Information

Student Last Name _____ First Name(s) _____

Birth Date (MM/DD/YY) _____

Age as of Sept _____

Mother/Guardian Name _____

Father/Guardian Name _____

Address _____ Unit # _____ City _____ Postal Code _____

Parent/Guardian Information

Mother	Father
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____	E-Mail: _____

If parent/guardian is unable to be reached, please contact:

Emergency Contact _____ Phone _____

Registration Information

New Student [] Return Student [] Years of Training: _____

Referred by: _____

How did you hear about us?: _____

Please indicate any physical or learning conditions that the instructor should be aware (example: Asthma, etc.)

Please indicate which camp(s) your child will be registering for:

- JULY 17th – 21st : Musical Theatre Camp = \$226.00 (HST inclusive)
- AUG 14th – 18th : Intensive Camp = \$250.00 (HST inclusive)

TOTAL = \$ _____

Deposit: _____ (\$100 per camp) CASH / CHEQUE / E TRANSFER

BALANCE: _____ Date of Payment: _____ CASH / CHEQUE / ET