Spring Lake School of Dance 515 Passaic Avenue Spring Lake, NJ 07762 732-974-1919 slsdance@yahoo.com

## SUMMER Registration Form

## PLEASE PRINT NEATLY

STUDENT'S NAME:	AGE:	DATE OF BIRTH://	
PARENT/GUARDIAN NAME(s):			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
HOME PHONE:	BUSINESS/CE	BUSINESS/CELL PHONE:	
E-MAIL ADRESS:			
ALTERNATE EMERGENCY CONTACT	(name and phone number):		
PLEASE LIST ANY SPECIAL NEEDS OR OF (I.E., MEDICAL CONDITIONS, ETC.)			
CAN WE USE YOUR DANCER'S F  ( ) CONTINUING STUDENT ( ) NEV  HOW DID YOU HEAR OF US?	W STUDENT - PREVIOUS TF	RAINING:	
Please check off which	h Camps or Classes yo	ou are registering for:	
Prince	cess Camp (ages 3 to 6):		
Baby Ballet (ages 1&2):	Week 1 (July 8-11)	Week 2 (July 29-31, August 1)	
Nutcracker Workshop: Nutcra	acker (Younger Dancers)	Nutcracker (Older Dancers)	
Technique Classes:Unlimited for	or 3 Weeks Pay by th	ne Class Dance Company:	
I WISH TO ENROLL THE ABOVE AND AGREE TO	NAMED STUDENT FOR THO PAY THE TUITION FOR T		
SIGNATURE (Student 18 or over or parent/guar	rdian)	DATE	
A \$50.00 DEPOSIT FOR I	EACH CAMP MUST ACC	OMPANY THIS FORM.	
Please mail a check payable to Spring La	ake School of Dance or provi	de your credit card information below:	
Visa/MC/Amex/Discover #		Exo:	

(a 3.99% service charge is added to all credit/debit card transactions)