

SUMMER SCHOOL REGISTRATION FORM -

Half Day Program July 18-20 – 8:30-12:00

Parent Name: _____

Phone # _____ Email _____

Mailing Address: _____

Child #1 Name: _____ Age: _____

Years of Experience: _____

Child #2 Name: _____ Age: _____

Years of Experience: _____

Child #3 Name: _____ Age: _____

Years of Experience: _____

PAYMENT INFO:

Cost of 1 Half Day Camp Week - \$120.00 + HST (\$15.60) = \$135.60

Total Owing = \$ _____ Form of Payment _____

M/C or Visa # _____ Exp ____/____

Name on the Card _____

Please mail your registration to: Kelly Ann Aarts
c/o Dance Aarts Academy
Box 1046
Tavistock, ON N0B 2R0

Registrations will also be accepted by fax, over the phone or through e-mail with a Visa or MC number

Phone # 519-655-6814

Fax # 519-655-1127

E-mail kelly@danceaarts.ca

Dance Aarts Academy will contact you once your form has arrived. There are no returns on summer camp. We reserve the right to cancel any camp that may not have enough dancers to participate. Under these circumstances all fees will be returned.