

Wilton Dance Studio, Inc.

Summer/DANCECamp

Summer Registration Form 2017

Please print & fill out one form per student



Please Mail/Fax With Payment To:
 Wilton Dance Studio, Inc.
 P.O. Box 427 Wilton, CT 06897-0427
 Fax: 203.544.8820

Dancer's Name: _____ Age: _____ Date of Birth: _____

Parent's Names: _____

Mailing Address: _____ City/State/Zip _____

e-mail address: _____

Phone Numbers: Mother: Home: () - - Work: () - - Cell: () - -

Father: Home: () - - Work: () - - Cell: () - -

How did you learn about WDS? Ad ___ Web ___ Friend ___ Mailer ___ Other _____

DAY	TIME	PRINCESS DANCE CAMP ages 3 - 5 years	TUITION
M - F	9:30 - 12:00	June 19 - June 23	\$ 250.00
M - F	9:30 - 12:00	June 26 - June 30	\$ 250.00
M - F	9:30 - 12:00	July 10 - July 14	\$ 250.00
M - F	9:30 - 12:00	July 17 - July 21	\$ 250.00
M - F	9:30 - 12:00	July 24 - July 28	\$ 250.00
Discount - \$25.00 each subsequent camp for same child or 5% for Family Discount. Discounts may not be combined, higher amount will apply			
DAY	TIME	BALLET BOOT CAMP & VARIATIONS INTENSIVE	TUITION
M - F	9:30 - 4:00	July 24 - 28 Ballet (8 - 18)	\$ 695.00
DAY	TIME	SHAWN RAWLS - DANCE INTENSIVE	TUITION
M - F	9:30 - 4:00	August 14 - 18 Contemporary & Ballet (8 - 18)	\$ 695.00
DAY	TIME	ACRO & CONTEMPORARY INTENSIVE	TUITION
M - F	9:30 - 4:00	August 7 - 11 Acro & Contemporary (8 - 18)	\$ 695.00
DAY	TIME	SUMMER DANCE CLASSES - Ballet III - VI	TUITION
M, W & Th	6:00 - 8:00	BALLET - Open level combined class - 6.0 hours per week 6/19-6/23 6/26-6/30 7/10-7/14 7/17-7/21 7/24-7/28 CIRCLE EACH WK	\$ 75.00 per wk
DAY	TIME	JR. COMPETITION TEAM	TUITION
M - F	9:00 - 2:30	August 21 - 25 Jr. & Sr. teams overlap for 2 hrs	\$ 450.00
DAY	TIME	SR. COMPETITION TEAM	TUITION
M - F	12:30 - 5:30	August 21 - 25 Jr. & Sr. teams overlap for 2 hrs	\$ 450.00

Payment Method Check CC Cash

VISA MC DISC AMEX EXP. ____/____ CNV CODE _____

TOTAL DUE \$ _____

PAYMENT ENCLOSED \$ _____

BALANCE DUE \$ _____

X _____

CARDHOLDER SIGNATURE

X _____

In signing I hereby acknowledge and accept the Wilton Dance Studio, Inc. Policies and Procedures

PARENT/GUARDIAN SIGNATURE

Wilton Dance Studio, Inc.

Emergency Contact/Medical Release Summer Registration 2017

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Dancer's Name: _____ Age: _____ Date of Birth: _____

Emergency Contacts:

Please give the name and contact numbers for two people who may be contacted in case of emergency or illness. These people should live in the general vicinity of Wilton Dance Studio, Inc.

1. Name: _____ Phone number: _____

2. Name: _____ Phone number: _____

WAIVER OF LIABILITY

The undersigned hereby: (I) acknowledges that dancing is an activity which involves certain risks, (II) assumes the risks of my or my child's participating in Wilton Dance Studio's classes, (III) hereby irrevocably releases Wilton Dance Studio, Inc., its employees, agents, officers, directors, and/or successors from any and all liability of any type or nature arising out of my or my child's participation in its classes or similar activities, and (IV) photos and videos taken of my child/children may be used for the purpose of advertising Wilton Dance Studio, Inc. I declare to the best of my knowledge and belief that I/my children are in sufficient good health to participate in these programs.

Are there any medical or social issues the staff should be aware of? _____

In signing I hereby acknowledge and accept the Wilton Dance Studio, Inc. Policies and Procedures.

PARENT/GUARDIAN SIGNATURE

DATE:

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DATE: