

Rohanna Dance Productions  
2010 Dance Camp Registration  
August 9-13

Parent or Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any medical information that the teachers may need to be aware of:

\_\_\_\_\_

We will always try to call the parent or guardian listed above in case of an emergency. Please list another emergency contact below in case that person cannot be reached.

Emergency Contact: \_\_\_\_\_

People other than parent or guardian authorized to pick up my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Tuition: \$275.00 per dancer

-----OFFICE USE ONLY-----

Paid with cash: \_\_\_\_\_

Paid with check: \_\_\_\_\_

Paid in full: \_\_\_\_\_

Partial payment still owes: \$ \_\_\_\_\_