

CanDance Studio

1481 Southford Rd ~ Southbury, CT 06488

Registration

Please Complete and Mail With Payment

Dancer Name: _____

Session 1: July 15th - 18th

2 Days \$40 - Age: _____ Time: _____ (circle) Mon & Wed (or) Tues & Thurs

4 Days \$70 - Age: _____ Time: _____

Session 2: August 19th - 22nd

2 Days \$40 - Age: _____ Time: _____ (circle) Mon & Wed (or) Tues & Thurs

4 Days \$70 - Age: _____ Time: _____

Parent or Guardian: _____

Address: _____

Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Emergency Phone: _____

Allergies, Injuries or Health Issues: _____

Payment Options: Check One:

Session 1	2 Days - \$40	<input type="checkbox"/>	4 Days - \$70	<input type="checkbox"/>
Session 2	2 Days - \$40	<input type="checkbox"/>	4 Days - \$70	<input type="checkbox"/>
TOTAL				<input type="checkbox"/>

Parent/Guardian Signature: _____

CASH OR CHECK ACCEPTED - Make Checks payable to: CanDance Studio