

SUMMER DANCE WORKSHOP

Registration Form 2009

Please fill out and return to First City Dance Studio along with payment

Dancers Name: _____ Age: _____ T-shirt size: _____

Address: _____

Home Phone: _____ Alt. _____

Parents Name(s): MOM _____ Work Phone: _____

DAD _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Sessions registering for: **Please circle**

<u>Session A</u>	<u>Session B</u>	<u>Session 1</u>	<u>Session C</u>
July 21 & 23	July 21 & 23	August 17-20	June 22-24
9:30am-noon	9:30am-noon	9:30am-4:00pm	9:30am-noon
\$40.00	\$40.00	\$95.00	\$75.00

Make checks payable to: **First City Dance Studio**
657 Mag 7 Court SW
Bemidji, MN 56601
218-751-KICK

I hereby release First City Dance Studio from any and all claims for damages and injuries which may be sustained while participating in any and all activities connected with First City Dance Studio

Parent/Guardian

Signature _____ Date _____