



Camp Elite!

July 31st - August 5th

Dancer Name: _____ DOB: _____

Parent Name: _____

Cell Phone: _____ Home phone: _____

Email: _____

Mailing Address: _____

Years of dance: _____ Medical issues: _____

Please sign attached Waiver

Circle: Mini/Daytime 9am-12noon age 5-9yrs \$125 or
all others 4pm-9pm ages 9-18yrs \$198

Office: Please give written receipt

Name: _____

Date: _____ **Paid \$** _____