



2010 Dance & Theater Camp Registration

Please use Separate Registration for Each Child

Check desired sessions:

◇ Session 1 (6/28-7/2)

◇ Session 2 (7/5-7/9)

◇ Session 3 (7/12-7/16)

◇ Session 4 (7/19-7/23)

◇ Session 5 (7/26-7/30)

◇ Session 6 (8/2-8/6)

\$300 per session or \$800 for three.

Amount Enclosed (Cash or Check): _____

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Grade Entering This Fall: _____

Date of Birth: _____ Age Today: _____ Sex (M/F): _____

Allergies or Medical Concerns We Should Be Aware of: _____

Parent/Guardian Name: _____

Address (if different): _____

Home Phone #: _____ Cell Phone #: _____ Work #: _____

E-mail address (required): _____

Other Parent/Guardian Name: _____

Address (if different): _____

Home Phone #: _____ Cell Phone #: _____ Work #: _____

Emergency Contact (required) – To be called if either parent or guardian cannot be reached.

Name: _____

Relationship to Camper: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Release Statement: I hereby release the Director and all employees of Sleepy Hollow Performing Artists from all claims of liability for any damage or injuries which may be sustained while my child is in camp.

Parent's Signature: _____

Photo Release: I hereby give permission for my child's photograph to be used in Sleepy Hollow Performing Artists' publications and advertising promotions.

Parent's Signature: _____