



How did you hear about us?	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Flyer
<input type="checkbox"/> Friend	<input type="checkbox"/> Internet
<input type="checkbox"/> Other _____	

1149 Heritage Rd.
 Burlington, ON L7L 4Y1
 Phone: (905)335-2100; Fax: (905)335-2105
 Email: premieredance@on.aibn.com
 Website: www.premieredanceinc.com

CAMP REGISTRATION FORM

Student Name: _____

Address: _____

Postal Code: _____

Date of Birth: _____

FOOD ALLERGIES?

Health Card No.: _____

Telephone No.: _____

Business No.: _____

Cell No.: _____

COST: \$175.00 per week

PAYMENT:

Amount: \$ _____

Cheque No: _____

Cash: _____

Visa/MC: _____

Ages 5 to 8

- | | |
|---------------------------------|-------------------|
| <input type="checkbox"/> Week 1 | July 5 – July 9 |
| <input type="checkbox"/> Week 2 | July 12 – July 16 |

Ages 9 to 12

- | | |
|---------------------------------|-----------------------|
| <input type="checkbox"/> Week 3 | August 9 – August 13 |
| <input type="checkbox"/> Week 4 | August 16 – August 20 |

RELEASE FORM **PLEASE READ BEFORE SIGNING** On behalf of myself, my child/children, our heirs, executors and administrators, I/We hereby release PREMIERE DANCE INC., its employees and agents, in particular Carla Marques Delduco, from any and all liability and any and all claims, demands and causes of action of any kind whatsoever that I/We might have arising out of my child's participation in instructional lessons and studio recreational activities. I/We agree to assume all risks connected with any instructional lessons received by my child/children at the Studio or under the supervision of PREMIERE DANCE INC.

PARENT/GUARDIAN: _____ **Date:** _____

(SIGNATURE)

NO REFUNDS (unless cancelled by PDI) – DANCE CREDITS ONLY!!!!