

GOOD MOVES DANCE CAMP REGISTRATION FORM

DANCER INFORMATION

Dancer Name	
Age & Birth Date	
Contact/Guardian Name	
Mailing Address with City, State & Zip	
Phone Numbers	
Email Address	

Does the dancer have any medical issues? () yes () no

If yes, please explain:

PROGRAM, SESSION & FEE CALCULATION

CAMP PROGRAM (X)	SESSION/DAYS				(X) APPLICABLE FEE
1. ½ Day Program ()	June 1 – 5, 2009				() \$95 () \$45* () \$0*
2. ½ Day Program ()	June 8 – 12, 2009				() \$95 () \$45* () \$0*
3. Full Day Program ()	June 1 – 5, 2009				() \$195 () \$95* () \$0*
4. Full Day Program ()	June 8 – 12, 2009				() \$195 () \$95* () \$0*
5. Aftercare () Please indicate days	6/1	6/2	6/3	6/4	Number of (X) multiplied by \$45= _____
	()	()	()	()	
	6/8	6/9	6/10	6/11	
	()	()	()	()	
Total Fee [please add (X) items in lines 1 -4 to line 5]					

* Must include Scholarship Application with Dance Camp Registration Forms

Please make checks payable to Good Moves and send them with Registration, Release and Scholarship Application, if applicable to:

Good Moves
P.O. Box 5496
Atlanta GA 31107