

Camp Registration Form

Which camp are you registering for?

Dates: _____ Time: _____ Location: _____

Student's Name: _____

Parent Name: _____

Address: _____

City, Zip Code: _____

Phone Number: _____ E-mail _____

Student's Age: _____ Dance Teacher: _____

Credit Card Number _____ (VS,MC,DIS)

Name on card _____ Exp. _____ Sec. Code _____

Parent's signature _____ Amt. To charge _____



Today's date: _____ Place in tuition box or mail
to: Gotta Dance, P. O. Box 448, Martinsville, N. J. 08836

Your payment holds your spot in the program and is non-refundable.