

**FLORIDA DANCE CONSERVATORY
SUMMER DANCE CAMP 2017 REGISTRATION**

Student Name: _____ D.O.B. _____

Parent/Guardian: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

(Please print clearly. Payment receipts will be sent to this email address.)

Best contact Phone #: _____

Additional person(s) to drop/pick up child: _____

Best contact Phone #: _____

Please select weeks attending:

Week 1 (June 5th - 9th) _____

Week 3 (June 19th - 23rd) _____

Week 2 (June 12th - 16th) _____

Week 4 (June 26th - June 30th) _____

Please select Camp Hours:

Half Day 9am - 1pm(\$110 /week) _____

(Multiple week discount: 3 weeks - \$315, 4 weeks - \$420)

Full Day 9am - 4pm (\$195/week) _____

(Multiple week discount: 3 weeks - \$555, 4 weeks - \$740)

Aftercare (until 5pm) _____

(Aftercare is an additional \$25 per week)

Payment information (select one):

VISA: _____ - _____ - _____ - _____ exp _____ sec _____

MASTERCARD: _____ - _____ - _____ - _____ exp _____ sec _____

DISCOVER: _____ - _____ - _____ - _____ exp _____ sec _____

Name on card: _____

Signature: _____

By signing you agree to the \$50 per week /per child non-refundable & non-transferable deposit (applied to tuition) to be charged to the above card upon receipt of registration form. FULL payment will be charged to the above card on the first day of camp. To receive discount for three or more weeks, deposit and weeks attending must be made and selected on the initial registration. A 10% sibling discount will be applied to tuition.

Payment at registration: \$50 x _____ (# of weeks attending) = \$ _____ total deposit

Remaining balance (due in full first day of camp) = \$ _____