



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](mailto:premieredance@on.aibn.com)  
 Website: [www.premieredanceinc.com](http://www.premieredanceinc.com)

## CAMP REGISTRATION FORM

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>FOOD ALLERGIES?</b>
_____

Health Card No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Business No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**COST: \$190.00 per week (Taxes Included)**

**PAYMENT:**

Amount: \$ \_\_\_\_\_

Cheque No: \_\_\_\_\_

Cash: \_\_\_\_\_

Visa/MC: \_\_\_\_\_

<input type="checkbox"/> Week 1 July 11 – July 15
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<input type="checkbox"/> Week 2 August 8 – August 12
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**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!!!!**