



Summer Registration

Student Name _____ Birthdate _____

Address _____ City _____ Zip _____

Mothers Name _____ Cell/ Work Phone _____

Fathers Name _____ Cell/ Work Phone _____

Parents E-mail _____ Home Phone _____

Camp name:	Student name	Session Code	DayTimes	Tuition

Please fill in training past the age of 6: Ballet _____ Modern _____

Jazz _____ Tap _____ Hip Hop _____

Food Allergy: _____

Total Enclosed (payment in full) \$ _____ Non-refundable Deposit \$ _____

Total due May 15th, 2008 \$ _____

Account Number (3% handling fee is added to all credit card payments) _____ Expiration Date _____

Authorized Signature _____ Date _____

Intensive Study and Workshop balance is due May 1, 2008.

Pre-dance and Junior Camp balance is due one month prior to 1st day of camp session

Parent signature _____ Date _____

Remit registration and payment to: North Shore School of Dance, 505 Laurel Avenue,
Suite 102, Highland Park, IL 60035 -or- via fax 847.432.4037.