

Psalm 149:3 Let them praise his name with dancing.



DANCE CAMP REGISTRATION FORM

MAIL REGISTRATION FORM and Payment to:
Spirited Feet • 1671 Thornhill Court • Woodbury, MN 55125

OFFICE USE ONLY

SESSION			INITIAL
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> CAMP	

STUDENT 1 _____ BIRTH DATE _____ AGE _____

GRADE (FALL 2011) _____ CAMP _____ CAMP TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS _____

STUDENT 2 _____ BIRTH DATE _____ AGE _____

GRADE (FALL 2011) _____ CAMP _____ CAMP TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS _____

STREET ADDRESS _____ (CONFIRMATION) E-MAIL _____

CITY _____ STATE _____ ZIP _____

PARENT NAME(S) _____

HOME PHONE (_____) _____ CONTACT PERSON _____

CELL PHONE # 1 (_____) _____ CONTACT PERSON _____

CELL PHONE # 2 (_____) _____ CONTACT PERSON _____

I GIVE PERMISSION FOR MY CHILD TO ATTEND SPIRITED FEET DANCE CLASSES. IN CASE OF ACCIDENT OR INJURY, I DO NOT HOLD SPIRITED FEET, INSTRUCTORS OR THE HOST CHURCH RESPONSIBLE.

PARENT SIGNATURE _____ DATE _____

I GIVE SPIRITED FEET PERMISSION TO TAKE PICTURES AND VIDEO FOR PROMOTIONAL PURPOSES.

PARENT SIGNATURE _____ DATE _____



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