SUMMER REGISTRATION FORM

Student Name: _____Age:_____

Additional Students, if any:

Name:_____ Age:_____

Name:_____ Age:_____

Parent Name:_____

Phone Number:_____ Email address:_____Mailing address: _____

You will not be notified unless a class has been filled. *There are no refunds for cancellations or missed classes.

*Mail this registration form to 132 Oak Hall Drive, Holly Springs, NC 27540

Questions? Call us at 557-3270 or email us at chappell@hollyspringsdance.com

CAMPS

Student Name:	*Camp Name*	*Dates of Camp*	*Time*

5/6 Year old camps — pack a water bottle and a light snack. Wear dance attire or comfy clothes

Please pack a water bottle, snack, and lunch for camps that run from 9:00 - 3:00

CLASSES

Student Name:	*Class Name*	*Class Day & Time*