



# Summer Camp Registration Form

**"Reveal Your Greatness"**

Summer Camp 2008

2001 COIT RD  
SUITE # 210  
PLANO, TX 75075

NW CORNER @  
Park & Coit

972.596.1400

REVELATION

DANCESTUDIO

@VERIZON.NET

	June 9-13		June 16-20		July 7-11		July 14-18		July 21-25	
	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										

**Shirt size**  
**(Circle one)**

Youth Sm Youth Md Youth Lg Adult Sm Adult Md Adult Lg



## FULL DAY

1 day	\$60
2 days	\$105
3 days	\$145
4 days	\$180
4 1/2 days	\$200
5 days	\$210
Supply Fee	\$25

## HALF DAY

1 half day	\$40
2 half days	\$80
3 half days	\$110
4 half days	\$140
5 half days	\$165
Swim Trip add-on	\$20
Supply Fee	\$25

Payment Type	Cash	Check	CC	Other
Camp Tuition				
Supply Fee				
Misc. (extended day, Swim Trip)				
<b>Total</b>				

**Student Info.**

Name \_\_\_\_\_ M / F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Medical Info \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student cell \_\_\_\_\_ Student email \_\_\_\_\_

**Provide contact info for Parent /Guardian responsible for billing of account**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Email** Personal \_\_\_\_\_

**Other Info**

**Camp Fees are non-refundable unless Revelation cancel's the camp due to enrollment. A Summer Camp Waiver must be signed in addition to this registration form. By signing this registration form I, \_\_\_\_\_ (parent. Guardian) have read and signed the Studio Policies and Liability Waiver for each child registering for summer camp.**

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_