



Triple Threat Dance Company **BOOT CAMP**
Registration Form 2018

STUDENT INFORMATION

First Name: _____ Last Name: _____

Gender: _____ Birth Date: _____ Grade Level: _____ School: _____

Allergies/Medication: _____

PARENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Parent E-Mail: _____ Parent Cell: _____ Home: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Classes	Check Box	Paid
Rob's Summer Boot Camp Intensive August 6-9 10:30am - 2pm \$200		

Printed Name: _____ Signature: _____ Date: _____