



PO Box 134
 Bridgehampton, NY 11932
 Tel: 631-537-3008
 Fax: 631-537-3017
 www.dancestudio3.com

REGISTRATION FORM – SUMMER 2017
 (A separate form should be completed for each student)

PLEASE PRINT

Student's Name:			
Age		Birth Date:	
Academic Grade (Fall 2017):		School:	
Parent's Name:			
Mailing Address:			
City:		State:	Zip:
Phone:	Home:	Work:	Cell:
E-Mail:			
Additional Emergency contact name and number:			
What is the best means of contacting you during your child's class?			
Does student have any illness, allergies or special learning needs?			
Please list previous dance training (new students only):			

SUMMER DANCE CAMP 2017

Please indicate the classes you wish to attend:

- _____ **JULY 10 - 14**
1:00 – 4:00 p.m.
HIP HOP (Ages 8+)

- _____ **JULY 17 - 21**
9:30 a.m. – 12:30 p.m.
BALLET (Ages 5 -7 years old)

- _____ 1:00 – 4:00 p.m.
COMPETITION BOOT CAMP (Ages 8+)

- _____ **JULY 24 – 28**
9:30 a.m. – 12:30 p.m.
PRE-BALLET (Ages 3 & 4)

- _____ 1:00 – 4:00 p.m.
HIP HOP (Ages 8+)

- _____ **JULY 31 – AUGUST 4**
1:00 – 4:00 p.m.
BALLET INTENSIVE (Ages 8+)

- _____ **AUGUST 7 – 11**
1:00 – 4:00 p.m.
BALLET INTENSIVE (Ages 8+)

- _____ **AUGUST 14 – 18**
1:00 – 4:00 p.m.
CONTEMPORARY JAZZ (Ages 8+)

2017 SUMMER CAMP RATES Please check off number of weeks selected above

1 Camper, 1 camp:	\$ 475.00	_____
1 Camper, 2 camps:	\$ 925.00	_____
1 Camper, 3 camps:	\$1,375.00	_____
1 Camper, 4 camps:	\$1,825.00	_____
1 Camper, 5 camps:	\$2,275.00	_____
1 Camper, 6 camps:	\$2,725.00	_____

Credit Card Authorization

PLEASE PRINT CLEARLY AND LEGIBLY

Cardholder Name
Card Billing Address
City, State, Zip
Cardholder Phone Number
Circle One: <p style="text-align: center;">Amex MasterCard Visa</p>
Credit Card Number
Expiration Date
CVV2 Number (3 digit code located on back of card is MC or Visa, 4 digit number on front of Amex)

I understand that this authorization is valid for one year from the date below unless I cancel the authorization through written notice. I also agree to contact Studio 3 if there are any changes to the above information.

When registering for classes, students are taking a place in class for the entire school year. Parent/Guardian is responsible for total payment, regardless of class attendance. **ALL PAYMENTS ARE NON-REFUNDABLE.** Payments declined or returned by the bank will be subject to a \$50.00 fee.

I have read, understand and agree to the payment policy above.

Cardholder Signature

Date

