SUMMER DANCE CAMP

GUS GIORDANO DANCE SCHOOL

Name: _____

PLEASE PRINT

Camp Week/Theme: _____

Birthdate: _____ Age: _____ Circle: Male or Female

T-shirt Size (Please Circle): Child S M L or Adult S M L

(Child L is ordered if no size is circled)

Has Your Child Taken Class at Gus Giordano Dance School?: Yes or No

If not, how did you hear about us? _____

Allergies: _____

Parent Name: _____

Address: _____

City: _____ Zip: _____

Cell #: _____ Home #: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact #: _____

SELECT:

FULL AMOUNT
$500

OR

$100 DEPOSIT
(Balance Charged 5/1/12)

NO REFUNDS
OR CREDIT ON CAMPS

Mail with Credit Card Information To:
Gus Giordano Dance School
5230 N Clark St
Chicago, IL. 60640
or Fax with Credit Card Information To:
773.275.5231

Card Type: VISA MC DISCOVER

Account #: _____

Exp Date: _____ CID #: _____

Name on Card: _____

- Gus Giordano Dance School Has a No Refund Policy -

Upon registration for Dance Camp, I as a participant (or as a parent/guardian of a participant taking class under 18 years of age) at the Gus Giordano Dance School, do hereby fully release and discharge the Gus Giordano Dance School, their officers, faculty, and employees from any and all claims from injuries, damage, or loss which I may incur on account of my participation in camp. I also understand publicity photos and videos may be taken at any time during camp. **Registration must be signed to be processed.**

Signature: _____ Date: _____