



SUMMER CAMP REGISTRATION

NAME: _____ E MAIL: _____

extremely important

ADDRESS: _____

_____ PARENTS NAME: _____

PHONE: _____ DATE OF BIRTH: _____

_____ AGE _____

Interests (check all that apply)

COMPETITIVE TROUPES _____ SHOW TEAM _____ JUST FOR FUN CLASSES _____

KRUMP _____ BREAKDANCE _____ HIP HOP _____ STOMP _____ REGGAETON _____

CAMPS

No experience necessary. 10% discount for sibling groups in the same camp. Check all that apply.

July 6-10 _____ July 13-17 _____ July 20-24 _____ July 27-31 _____

August 3-7 _____ August 10-14 _____ August 17-21 _____

Participating dancers may be selected to audition for our Competitive or Show Troupes. If selected, are you interested?

If selected for the Competitive or Show Troupes, how many hours are you willing to commit?

List prior dance and/or competition experience (none required):

How did you hear about The Edge?

There are absolutely no refunds on any fees collected by The Edge under any circumstances.

Dancer Signature: _____

Parent Signature: _____

Date: ____/____/____