Unity Christian Arts / DANCE

 Dance Camp (Location) -\_(\_5730 Bowden Rd #103\_\_)

Spring Break Camp!!!--REGISTRATION FORM

 Registration form and Registration fee $20 must be turned in together make all checks payable to Kim Hunter

Kim Hunter (Unity Director) [www.unitychristian](http://www.unitychristian)arts.com

(904) 466-8250 UnityKim@gmail.com

Student's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date\_\_\_\_\_\_\_\_\_\_Name of Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent's Name (if applicable**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ext\_\_\_\_\_\_\_\_\_\_**\_\_

**Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthday of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (\_\_\_)\_\_**

#  Camp Days Participating\_/ M-F ($20 each)\_\_M\_\_\_\_Tu\_\_\_\_Wed\_\_\_\_Thru\_\_\_\_\_Fri\_\_\_\_

**Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_AM/PM**

**Emergency Contacts: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Fee $20\_\_\_\_\_\_( ) cash/ ( ) check #\_\_\_\_\_\_\_\_\_\_\_\_/PREVIOUS TRAINING OR EXPERIENCE:**

**Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have received: Camp Rules, a Waiver Form & info. on Fees and have read them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(yes/no).**