



SUMMER DANCE CAMP REGISTRATION 2017

VEETERETZ UKRAINIAN DANCE ASSOCIATION

Name of Dancer: _____

Parent Name(s): _____

Address: _____

City/Town: _____

Postal Code: _____

Phone(Home): _____ Phone(Home): _____

Phone(Cell#): _____ Email: _____

Alberta Health Care #: _____ Date of Birth: _____

Age: _____ Male: _____ Female: _____

Are there any medial problems, allergies or injuries the instructors should be made aware of?: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Dance Experience: _____

No. of Years: _____ Location: _____

Registration is limited

