

REGISTRATION FORM

Name _____ D.O.B. _____

Parents Name _____

Address _____

Phone _____

Emergency Phone _____

E-Mail Address: _____

Allergies/Special Needs: _____

Camp Sessions attending: one two both

Amount Enclosed _____
10% of total tuition is non-refundable

Parent Signature _____

Make checks payable to:

Armonk Center for Dance Inc.
P.O. Box 891
Armonk, NY 10504-0891

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