

## Fancy Dancer Summer Camp Registration Dublin GA 31040

P.O. Box 16028

478-272-5832

Child's Name:		Age:
Parent's Name:		
Address:		
Telephone: (cell)		(we will text updates)
Emergency Contact:		
Allergies:		
	June 19-	23
Amount Due:	Paid: Cash	(or) Check#
Parents Signature:		
Parent Email:		
your registration form to child up at the appropriation for the last ten n	to the address listed about the address listed about the solution of class. Thank is all All payments are non-	gister!! You can mail a check with ove. Please be sure to pick your e parents in to observe only on you and we look forward to refundable/nontransferable. the class.
Abby McAllister Owner / Diretor	T-shirt Siz	ze:

YS YM YL YXL AS AM AL AXL