



SUMMER REGISTRATION FORM

PLEASE CIRCLE LOCATION: **ROCHESTER** **BIRMINGHAM**

STUDENT NAME: _____

STUDENT BIRTHDAY:	EMAIL:
STREET ADDRESS:	CITY/STATE/ZIP:
HOME PHONE:	CELL PHONE:
MOTHER (OR GUARDIAN):	FATHER (OR GUARDIAN):
EMERGENCY CONTACT NAME:	EMERGENCY CONTACT #:

How did you hear about us? _____

CLASS, CAMP, or INTENSIVE	DAY/TIME or DATES	PAYMENT
TOTAL FROM ABOVE:		
10% DISCOUNT (3 or more classes or 2 or more camps/intensives- per family):		
50% DISCOUNT (on ONE class or class card if taking a camp or intensive):		
TOTAL DUE:		

Mail To: EDE Center for Dance, 103 South St., Rochester, MI, 48307

Or Call: 248-609-0370

(OFFICE USE ONLY: CASH CREDIT CHECK# _____ DATE _____)