

SUMMER MOVIE STAR CAMP REGISTRATION FORM

STUDENT NAME \_\_\_\_\_

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

I WANT TO ATTEND CAMP AT (circle one)

WARREN

SHELBY

BOTH

**\*CASH OR CHECK ONLY\***

(make checks payable to Tina Marie School Of Dance)

Mail in form / payment or drop it in the locked Dropbox outside either studio.

Shelby address: 49157 Schoenherr Rd, Shelby Twp, MI 48315

Warren address: 3668 Chicago Rd, Warren, MI 48092