



Mark Spivak's Institute and Dance Extension

Summer Camp & Summer Afternoon Classes

Registration Form 2010

Mandarin Studio _____
3740 San Jose Place

Fruit Cove _____
445 N. State Rd. 13

Julington Creek _____
106 Julington Plaza

Parent 1 _____

Home# _____ Work# _____ Cell# _____ Emergency# _____

Parent 2 _____

Home# _____ Work # _____ Cell # _____ Emergency# _____

Address _____ Zip _____

e-mail address print clearly _____

1. Student's First Name _____ Last _____ DOB _____ Age _____ T-Shirt size _____

2. Student's First Name _____ Last _____ DOB _____ Age _____ T-Shirt size _____

Any medical problems we should be aware of _____

Afternoon Classes: unrefundable Registration \$ 15.00

circle one location: Class name, Room # Day Time Teacher's
(see schedule) (M/T/W/TH/S)

Mand / FruCov/ JCP /	_____	_____	_____	_____	_____
Mand / FruCov/ JCP	_____	_____	_____	_____	_____
Mand / FruCov/ JCP /	_____	_____	_____	_____	_____

CAMP'S Registration & Supply: \$ 20.00pp/30pf Please mark clearly

"DANCING THROUGH FAIRYTALES " Camp 1 June 29 and July 1 9:15-11:30am _____

"DANCING THROUGH FAIRYTALES " Camp 2 August 1 and August 5 9:15-11:30am _____

CAMP'S Registration & Supply: \$ 35.00pp/55pf Please mark clearly

Mini Camp: 1st June 22, 23, 24 9:00am-1pm _____

2nd August 3, 4, & 5 9:00am-1pm _____

CAMP'S Registration & Supply: \$ 35.00 Please mark clearly 9:00am-2:00pm

Full Day Camp: Camp I June 21-July 2

Camp II July 5 - July 16

Camp III July 19-July 30

Office use:

Registr. fee _____

Program fee _____

Paid \$ _____

By Check # _____

By Credit card _____

Please include UNREFUNDABLE REGISTRATION FEE FOR CAMP OF \$ 35.00 PER CHILD OR \$ 55.00 PER FAMILY

Please Read and Sign:

We, the parents of _____, fully understand the risks involved in acrobatics, tumbling, gymnastics, dance, and exercise programs and will not hold Mark Spivak's Institute of Fine Arts, Dance Extension, & Tumbling Kids owners and its faculty responsible for accident or injury jointly and separately, from all personal injury claims arising through or from participation in activities as a student of Mark Spivak's Institute or Dance Extension &/or Tumbling Kids in or upon the promises of the named above studios/schools.

I, _____ agree to pay the fee for myself or my child's classes on the first class. If for any reason my check for classes should be returned to Mark Spivak's Institute I agree to pay a \$ 20.00 returned check fee.

I here by certify that I have read, understand and acknowledge the payment agreement and the rules and regulations of Mark Spivak's Institute and Dance Extension.

Parent signature _____

Date _____