

Step Above Most
Summer Intensive Registration

Student's Name: _____ Date of Birth: _____
Parent's Name(s): _____
Address: _____ City: _____ Zip: _____
Phone: _____ Work Place: _____ Work Phone: _____

*The Camp runs from 10am- 2:30pm please provide a contact person who will be available if needed.

Person's Name: _____ Phone Number: _____

Previous Training: (If you dance at Step Above Most you need not fill this section out)

Studio Name: _____ City/State: _____

Years of training in Ballet: _____ Jazz: _____ Tap: _____ Gymnastic: _____

Circle One

Children's Program
August 3rd - August 7th
Total Cost: \$225

Teen Program
July 27th - July 31st
Total Cost: \$225

Release: I _____ agree to adhere to the policies and guidelines set fourth by Step Above Most Dance Center. I understand that all photographs and images taken throughout the camp our property of Step Above Most Dance Center and may be used in advertising or promotional purposes.