Utah Dance Arts Center Summer Camp Registration

Name	Age	2	
		Zip code	
Parent Name	email		
Phone #1	Phone #2 _		
Emergency Contac	ct		
Allergies, Fears, Special Needs			
Utah Dance Arts C	photos of my child Center Summer Can ance Arts Center w	np activities may	
facebook page.			
Camp Days Regist	tering for:		
Parent Signature _		Tuition Total	
Make checks payal	ble to Kathy Gottle	r	