

## 2018 REGISTRATION FORM THEATER CAMP



Student's Last Name: \_\_\_\_\_ Parent's Name \_\_\_\_\_  
First and Last (if different from Student)

Student First Name:	First Sibling	Second Sibling	Third Sibling
Student Birthdate:			

**Greenpoint Studio Address:**  
 11 Newel Street, Brooklyn,  
 New York 11222

**Mailing Address:**  
 243 Kingsland Avenue Brooklyn,  
 New York 11222

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

T: 718. 349.1617  
 E: [hdance87@aol.com](mailto:hdance87@aol.com)  
[www.HamiltonDance.com](http://www.HamiltonDance.com)

### METHOD OF PAYMENT:

Auto-Bank Account Debit (**Attach Voided Check**)

I hereby authorize Greenpoint Dance Studio, LLC to charge my account the amount of \$ \_\_\_\_\_ on \_\_\_\_\_. Charges will appear as Greenpoint Dance Studio, LLC.

Signature \_\_\_\_\_

Cash or Personal Check (**Make checks payable to Greenpoint Dance Studio, LLC**)

Credit/Debit Card

Credit/Debit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Deposit.....\$ 150.00 Per Session (Non-refundable) \$ \_\_\_\_\_ paid

July 2 – July 13.....\$ 500.00 Due April 21 \$ \_\_\_\_\_ paid

July 16 – July 27.....\$ 500.00 Due May 5 \$ \_\_\_\_\_ paid

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company/hamilton-dance](http://www.facebook.com/company/hamilton-dance)

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A Qualified Member of  
Dance Educators of America