



DANCE CAMP REGISTRATION FORM

Mail registration form and payment to:
Spirited Feet • 2334 Golf Drive • Woodbury, MN 55129

OFFICE USE ONLY

SESSION

☐ FALL ☐ SPRING ☐ SUMMER

CHECK # _____ DATE _____ AMT\$ _____

STUDENT 1 _____ BIRTH DATE _____ AGE _____

GRADE (FALL) _____ CAMP _____ CAMP TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES/HEALTH CONCERNS/SPECIAL NEEDS _____

STUDENT 2 _____ BIRTH DATE _____ AGE _____

GRADE (FALL) _____ CAMP _____ CAMP TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES/HEALTH CONCERNS/SPECIAL NEEDS _____

STREET ADDRESS _____ CONFIRMATION EMAIL _____

CITY _____ STATE _____ ZIP _____

PARENT NAME(S) _____

HOME PHONE (_____) _____ PERSON TO ASK FOR _____

CELL PHONE 1 (_____) _____ PERSON TO ASK FOR _____

CELL PHONE 2 (_____) _____ PERSON TO ASK FOR _____

EMERGENCY CONTACT PRIORITY: 1st 2nd 3rd

HOME PHONE ☐ ☐ ☐

CELL PHONE 1 ☐ ☐ ☐

CELL PHONE 2 ☐ ☐ ☐



Spirited Feet
2334 Golf Drive, Woodbury, MN 55129
651-578-7878

www.spiritedfeet.com
dance@spiritedfeet.com

I GIVE PERMISSION FOR MY CHILD TO ATTEND SPIRITED FEET DANCE CLASSES. IN CASE OF ACCIDENT OR INJURY, I DO NOT HOLD SPIRITED FEET, INSTRUCTORS, OR THE HOST CHURCH RESPONSIBLE.

PARENT SIGNATURE _____ DATE _____

I GIVE SPIRITED FEET PERMISSION TO TAKE PICTURES AND VIDEO FOR PROMOTIONAL PURPOSES.

PARENT SIGNATURE _____ DATE _____