



# Group Instruction Request Form

Please complete and return the form below to reserve your event

Group Name: \_\_\_\_\_

Camp/Class Date(s): \_\_\_\_\_ # of Participants (6-12max) \_\_\_\_\_

*\*Classes are 4 consecutive weeks, 1 hr. each week* Age Range of Participants: \_\_\_\_\_

*\*1-day Camps are all 2 hours long*

Camp/Class Time: \_\_\_\_\_

Camp Theme (if applicable):  
 Fairytale Princess  
 Magical Unicorns and Fairies  
 Greatest Show Tumble Camp  
 Hogwarts Spells and Magic  
 Mickey and Friends  
 Sugar Plums and Nutcrackers  
 Other (please specify): \_\_\_\_\_

Style of Dance (circle one):    Tap                  Jazz                  Ballet                  Tumbling

Total # of Participants: \_\_\_\_\_ Classes: \$60 ea/4 weeks    Camps: \$30 ea/2 hours

Total Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

50% Deposit Due: \$ \_\_\_\_\_ Date: \_\_\_\_\_

*50% Non-refundable deposit is due 2 weeks prior to Camp/Class*

Balance Due: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Pod Representative: \_\_\_\_\_

Contact phone #: \_\_\_\_\_ Phone type:    Cell    Home

Address: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Visa                  Mastercard                  Amex

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Contract Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to [MsDebborasSchoolOfDance@yahoo.com](mailto:MsDebborasSchoolOfDance@yahoo.com)