



Mt. Zion School of Performing Arts Summer Registration Form

Parent Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work/Cell Ph _____

E-Mail Address _____

Medical Problems _____
(specify student)

Student 1

Name _____ (First) (Last)		Birth Date ____/____/____		Gender M F					
T-shirt Size: (circle one)	Child Small	Child Medium	Child Large	Child X-Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	
Class Number and Description							Price		
1								\$	
2								\$	
3								\$	
4								\$	
5								\$	
6	Dance Summer Camp (ages 7 and up) ONLY Alternate Elective Optional: Silks \$30							\$	
							Total	\$	

Student 2

Name _____ (First) (Last)		Birth Date ____/____/____		Gender M F					
T-shirt Size: (circle one)	Child Small	Child Medium	Child Large	Child X-Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	
Class Number and Description							Price		
1								\$	
2								\$	
3								\$	
4								\$	
5								\$	
6	Dance Summer Camp (ages 7 and up) ONLY Alternate Elective Optional: Silks \$30							\$	
							Total	\$	

Student 1 Total \$ _____ + Student 2 Total \$ _____

Grand Total \$ _____

(Limited refund and cancellation policy. Visit our website for details.)

Cash Check (Make check payable to Mt. Zion)

Credit Card # _____

Exp. Date _____ CVV2 _____