

Manual Registration Form for Summer Camp

Royal Grace Academy of Dance
143 Chatham Downs Drive Suite 304
Chapel Hill, NC 27517
919-338-1488

Today's Date: _____

Camp Name: _____

Camp Dates: _____

Camp Start Time: _____ Camp End Time: _____

Before Care: 8-9am: Yes/ No (Please Circle)

Lunch Bunch: 12-1pm: Yes/No (Please Circle)

Don't forget to pack a lunch!

Camper/Child Name: _____

Child's Nickname: _____

Parent/Guardian Contact:

Name: _____

Mobile Number: _____

Email Address: _____

Internal Use:

Paid by Cash: _____ or Credit Card: _____

(attach receipt if Clover for cash or credit)