

“Summer Broadway Kids Camp”

Explore music, dance and scenes from musicals such as:

Mary Poppins, Wizard of Oz, Music Man, Annie, Grease, etc.

Name _____ Age _____ Birthdate _____ Grade in Fall _____
Parents Name _____ Phone _____
Cell _____ Work _____ Address: _____
City _____ State _____ Zip _____

Fee: \$295 per week, tuition is non-refundable (.05% fee for debit, cc cards)

June 19-23 Ages 6-9 9:30-3pm _____ (check if desired)

August 4-18 Ages 9-14 9:30-3pm _____ (check if desired)

Location: 6465 Lyndale Ave. So. Richfield *Capoeira Academy

Please Read: In consideration of my registration, I, intending to be legally bound, do hereby for myself, my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for which I or my individually or collectively for any and all injuries suffered by me or my child at or during classes, camps, performance, etc.

We understand there will be no refunds unless Center cancels the class or camp. A check for payment can be mailed to us to confirm class placement. If you wish to use a debit or credit card you may call this into us or add to form below. A .05% fee is charged for this service.

The Center also reserves the right to refuse and or cancel the registration of a disruptive student. I understand Tuition for camps are non-refundable. Photos and Videos may be taken of students for website, teacher training, newspapers, ads, etc.

I have read, understand and agree to the Center's Policies above.

Parent Signature _____ Date _____

Credit Card Payments _____ Please Print _____ Registration _____

Name on Card _____

Card Number: _____ Exp. _____ 3 Digits _____

Zip Code for CC: _____ Total Charge: _____ For: _____

I authorize payment to be made on my credit card. _____

In the Company of Kids Performing Arts Center, LLC.

<http://www.cokartscenter.com>

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