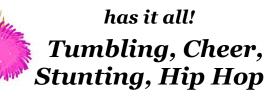
Camp Cheertastic

Cancellation/Refund Policy: If notified 28 days before first day of Camp - 80% refund given; if notified 14 days before first day of Camp - 50% refund given; 0-13 days before first day of camp - no refunds can be given.





200 Turner Industrial Way, Aston, PA 19014

Rah Rah Sis Boom Ba! Join us for Tumbling, Cheerleading, Stunting, and Hip Hop. No specific skill level is required, only a desire to learn!

- Ages 6-11
- June 22-26 (Mon. thru Fri.)
- Time: 1:00p-4:00p
- Show and Awards (Fri. 3:15p)

*Enroll in Doll Camp for a special combo rate. Pack you lunch and spend the whole day with us.

Registration Form

Student's First Name	Last Name		A	.geBirth	date	
Health Concerns the studio should	know about?					
Food/Other Allergies the studio sho	ould know about?					
If the information below is all sure), fill in only the field	ready correctly on file with u Is that need to be updated.	s, check the bo	x to the left. If	your informatio	n has changed (or you are not
Mother's First/Last	Fat	ther's First/Last				
Street Address		E	mail Address_			
City	StateZip					
Home Phone Number	Emergency	Name & Numb	er			
Mother's Cell Number		_ Father's Cell	Number			
Mother's Work Number		Father's Wo	k Number			
How did you find out about our stud	lio?			_ Years you ha	ve studied?	
Camp Cheertastic	Amt. if Enrolled by 3/15	/15 A	mt. if Enrolled	by 5/1/15	Amt. if Enrolle	d after 5/1/15
1:00p - 4:00p (5-day) MonFri.	\$152		\$165		\$179	
Add Doll Camp (9:30-12:00)	Add \$112		Add \$122		Add \$131	
I, the parent/guardian of the above named regionganizations. I consent to the registrant's partiperson properties and in consideration for the PKS organizations, and their employees, teachers, at the PROGRAMS. In my absence, I also requestes staff for the benefit of my child due to according to the properties of the benefit of my child due to according to the staff for the benefit of my child due to according to the bill to me.	cipation in the PKSD physical prograing accepting the registrant for its PRC and associated personnel from and a set PKSD, through its staff, to obtain	ms and activities, ("F DGRAMS, I hereby r gainst any and all cla r emergency medica	PROGRAMS"). Recelease, discharge, in the same of the same of the same of the event all care in the event	cognizing the possible indemnify, and hold if of the registrant as that such care is n	lity of physical injury as harmless the PKSD, it a result of the registra ecessary or appropria	ssociated with the ts affiliated int's participation in ate in the opinion o
Signed (parent/guardian))			_ Today's	Date	
	ease check to give your apperformance that are used in					res of the
Amount Enclosed						
Make Checks Payable to: Paul Klocke Dance		For Office Use				
(Mastercard/Visa/Check/Cash accepted)		Check	Cash	Credit Card	Billed	Payment

Number

Receipt #

Last 4 digits

Fox

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