

SUMMER INTENSE REGISTRATION FORM
(ONE) PER FAMILY

Name of person responsible for payment _____

Check if current student at Art in Motion _____

Email address _____

Cell # _____

Name of Student _____

Check Sessions you will attend:

FIRST SESSION 9-12 YRS _____ SECOND SESSION 9-12 YRS _____

FIRST SESSION 12 & UP _____ SECOND SESSION 12 & UP _____

FEES:

ONE SESSION \$85

TWO SESSIONS \$150

CHECK IF PAYING PER CLASS \$35 EACH _____

TURN IN FORM AND FEES BY JUNE 10TH OR MAIL TO:

ART IN MOTION DANCE

245 MERIDIAN DRIVE

BOX 16

GROVETOWN, GA. 30813