




Belin Dance Camp 2017 Registration Form

1				
米上	Camper Name:			
彩业	Age:	Date of Birth:		
不	Parent/Guardian Name:			
小 米	Mailing Address:			
*	Phone #:	(H)	(Cell)	
			(#)	
米	E-Mail Address:			
沭	List Any Allergies:			
米 米				
***	T-Shirt Size:YSYMYLASAM Waiver: I hereby release and discharge Belin Memorial United Methodist Church from any and all liability or medical expense which may occur as a result of my child's participation in the Summer Dance Camp. I understand that Belin Memorial United Methodist Church does not provide medical insurance for participants in this activity. I further give permission for medical attention to be obtained for my child as necessary.			
小米		Signat	ure of Parent/Guardian	
	Please remit registration form with camp fee to:			
*				
*	P.O. Box 5	528		
米	Murrells Inlet, S.C. 29576			

Due to limited space, camp fees must accompany your registration to secure placement in camp.

Registration after May 31st will not be guaranteed a t-shirt