

Destination Dance Friends Program

PRIMARY Dancer: _____

Parent: _____

Week(s) of Camp Signed Up For: _____

Phone: _____

FILL OUT THIS TOP PORTION AND GIVE TO A FRIEND

NEW Dancer: _____

Parent: _____

Week(s) of Camp Signed Up For: _____

Phone: _____

www.sbdancearts.com

805-966-5299

New dancer should present this form to office with completed Destination Dance Application and Deposit.
Credit will be applied AFTER the new dancer has presented their FINAL PAYMENT.
Final payment is due the first day of camp.

Please do not write below: OFFICE USE ONLY

Deposit Paid _____

Balance Paid _____

Credit applied to Primary Dancer's account _____

NO retroactive credits – some restrictions apply