



KEHEWIN NATIVE DANCE THEATRE

SUMMER INTENSIVE DANCE CAMP

REGISTRATION

rosajohn57@yahoo.com

Box 99
Kehewin, Alberta
T0A 1C0

Name of Student _____

Date of Birth _____/_____/_____

Contact Information:

Parent/Guardian Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

E-mail Address: _____

Medical conditions/Allergies (if any): _____

Email completed form to: rosajohn57@yahoo.com

Thank you!! We will be in touch!

Sincerely yours,

Rosa John

Artist Director