



## Rainbow Unicorn Mini Camp 2017 Registration Form

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**Student's Name (Last, First)**

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**Date of Birth** **Age**

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**Parent's Name (Last, First)**

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**Email**

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**Main Phone** **Alternate Phone**

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**Street Address**

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**City** **State** **Zip**

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**Session I, II, III, or IV** **Dates/Times**

**Parent Consent:**

Storybook Ballet is not responsible for any injury occurring to students while on the premises. Please inform us of all medical conditions at the time of registration.

**Food Allergies:**

If your child has any food allergies, please list here:

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**Parent or Guardian Signature** **Date**

**Payment:**

\_\_\_ \$55 payment enclosed  
*Please make checks payable to  
Storybook Ballet*

*Please submit registration form and payment to:*  
**Storybook Ballet**  
**726 N. Midvale Boulevard, Suite B20**  
**Madison, WI 53705**