



## Rainbow Unicorn Mini Camp 2019 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**

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**Payment:**

\_\_\_ \$60 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**