

BSC PERFORMANCE CAMP REGISTRATION FORM

_____ Please check if you are interested in hosting a camp and earning five scholarships for your team

Director's Name: _____

Studio/School: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ Home/Cell Phone: _____

E-mail address: _____

3 CLASSES	2 DAYS	\$65 per dancer <small>Minimum of 30 dancers</small>	X NO. OF DANCERS _____
5 CLASSES	3 DAYS	\$85 per dancer <small>Minimum of 30 dancers</small>	X NO. OF DANCERS _____
7 CLASSES	4 DAYS	\$105 per dancer <small>Minimum of 30 dancers</small>	X NO. OF DANCERS _____

Sub Total: _____

Additional Classes

Kick Technique/Leaps and Turns	\$7	X _____	Dancers: \$ _____
Master Class	\$10	X _____	Dancers: \$ _____
Custom Choreography	\$10	X _____	Dancers: \$ _____
Contest Choreography	\$12	X _____	Dancers: \$ _____

**Staff Traveling Fee may apply. Please contact us.*

Total Performance Camp Fee: \$ _____

Please mail registration form: *BSC Performance Camps/Gina*, 6019 Gentle Knoll Ln. Dallas, TX 75248

Questions? 972.467.6114 or gina@backstagecoach.com