

Performing and Visual Arts, Northwest
203 South Cameron Street
Winchester, VA 22601
Telephone: 540-665-4602
Fax: 540-665-4598

Date: _____

Student Name _____

Parent/Guardian Name _____

Street Address _____

City, State, Zip _____

Birthdate: _____

Home Phone: _____

School attended _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Class Name/Code/Time: **BROADWAY DANCE WORKSHOP**

One class: \$17.50 _____

Two classes: \$35.00 _____

Payment by check only. Please make checks out to PAVAN/LCPS

Check number _____

Check Date: _____

Allergies _____

Health concerns (cardiac, respiratory, diabetes, epilepsy) _____

Emergency contact information

Name	relationship to applicant	phone
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Family Physician	phone
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Name of insurance company	Policy No.	Group no
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I hereby grant PAVAN permission to obtain medical treatment for my child. I hereby authorize service by any doctor, dentist, hospital or emergency medical personnel for the health and welfare of the above named student.

Signature of parent or guardian	Date
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I hereby grant PAVAN permission to use any photos or video which may contain my child's image for publicity purposes.

Signature of parent or guardian	Date
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