

AileyCamp 2012Kansas City, KS / Kansas City, MO
Online Application**Please print, complete, mail or fax to:**
Kansas City Friends of Alvin Ailey
1714 E 18th St, Kansas City, MO 64108
Fax: 816.471.6001APPLICATION DEADLINE is
Monday, April 15, 2012 at 5pm CST.

Dear Camper,

It is our pleasure to invite you to join us this summer at KCFAA AileyCamp Kansas City!

If you want to build a stronger body, become a better dancer, have a great time with your friends, and make new ones, AileyCamp is for you. In addition to learning dance, you will also enjoy such activities as swimming, picnics, and visual arts.

Please take this application home and discuss your interest in AileyCamp with your parent or guardian.

We hope to see you this summer!

Best,

Robert Battle

Artistic Director, Alvin Ailey American Dance Theater

I am applying to attend AileyCamp Kansas City, Kansas / Kansas City, Missouri

(PLEASE PRINT CLEARLY)

Full Name		Student ID
Age	Date of Birth	Sex (M/F)
Home Telephone No.	Mobile No.	School District
Student's Email address:		
Address		Apt.
City	State	Zip Code

PARENT/GUARDIAN INFORMATION

Parent or Guardian's Full Name		Relationship
Work Telephone No.	Mobile No.	
Parent's Email address:		

ABOUT YOU

What school are you currently attending?					
What school will you be attending next fall?					
What grade will you be in next fall?		Will you be attending summer school?			
If you are not selected for AileyCamp this summer, what will you do instead?					
Are you on the school free or reduced lunch program? (Circle one) Free Reduced Neither					
AileyCamp serves youth of all races. For reporting purposes, it is helpful to identify the ethnic origin of our campers. Kindly indicate which best describes you:					
African American:	Hispanic:	Caucasian:	Asian:	Native American:	Other(specify):
Have you applied to AileyCamp before? (Circle one) Yes No					
Have you attended AileyCamp before? (Circle one) Yes No When?					
Who do you live with? (Please check all that apply) Both Parents Mother Father Grandparents Aunt/Uncle Other(Please specify)					
How many brothers and sisters do you have?			Have you attended KCFAA Studio Programs?		

PARENTAL CONSENT

MY CHILD HAS PERMISSION TO APPLY FOR KCFAA AILEYCAMP KANSAS CITY	
Signature of Parent or Guardian :	Date