

SRPSKO KULTURNO UMETNICKO DRUSTVO "OPLENAC" APLIKACIJA ZA UPIS / REGISTRATION FORM

IME NAME	PREZIME LAST NAME
DATUM RODJENJA (DOB)	
ADRESA ADDRESS	
KUCNI TELEFON HOME PHONE#	
MOBILNI TELEFON RODITELJA PARENTS' CELL PHONE#	
E-MAIL ADRESA 1	
E-MAIL ADRESA 2	

<input type="checkbox"/> FOLKLOR	<input type="checkbox"/> SPORT
<input type="checkbox"/> ORKESTAR	<input type="checkbox"/> SOLO PEVANJE
<input type="checkbox"/> HOR	<input type="checkbox"/> MUZICKA SKOLA
<input type="checkbox"/> SKOLA GLUME / DRAMSKA SEKCIJA	
<input type="checkbox"/> SKOLA SRPSKOG JEZIKA	
<input type="checkbox"/> REKREATIVNA FOLKLORNA GRUPA za odrasle	
<input type="checkbox"/> VOLONTIRANJE	

Folklor Prva grupa	Sreda/Wednesday 7:00-10:00 pm	and	Nedelja/Sunday 7:00-10:00 pm	\$350.00
Folklor Pripremna grupa	Utorak/Tuesday 7:30-9:30 pm	and	Nedelja/Sunday 4:30-6:30 pm	\$350.00
Folklor Druga grupa	Utorak/Tuesday TBD	and	Nedelja/Sunday 1:00-3:30 pm	\$350.00
Folklor I Hor 3 najmladje grupe	Subota/Saturday 10:00-1:00 pm	+	TOPLA UZINA ZA CELU GODINU	\$300 + \$30
Skola Glume	Cetvrtak/Thursday 7:30-9:30 pm		-----	\$190/semester
Muzicka Skola grupni cas/group lesson	po dogovoru / as agreed			
Skola srpskog jezika	Subota/Saturday 1:30-3:00 pm		-----	\$120/semester
Hor za decu	Sreda/Wednesday 6:30-8:00 pm*		* to be confirmed	\$150/semester
Hor za odrasle	Sreda/Wednesday 8:00-10:00 pm		-----	TBD
Solo Pevanje	po dogovoru / as agreed			
Rekreativna Grupa	Cetvrtak/Thursday 8:00-10:00		-----	\$8/visit

"Oplenac" reserves the right to change this schedule/price list

Porodici Popust za Folklor/Family Discount for Folk Dancing: Drugo dete/Second child 20% less ----- Trece dete/Third Child 40% less

Popust za vise upisanih sekcija/More than one Section Discount: 10% price reduction for every additional section/program

CONSENT FORM

I, _____, fully understand and accept full responsibility for all events I take part in at SCA "Oplenac".

By no means is "Oplenac" Serbian Cultural Association of Metropolitan Toronto and Mississauga liable for any accident that may occur.

In case of known medical condition (such as allergies), it is the parent's or legal guardian's ultimate responsibility to provide adequate care for the child.

In case I cause any damage to the SCA Oplenac building or property, I will be responsible for the cost of replacement/repair.

Signed in _____, on this _____ day of _____, 2008
(city) (day) (month)

Signature of participant
(If participant is over 18 years of age)

Signature of parent/guardian
(If participant is under 18 years of age)

HEALTH / EMERGENCY INFO

Name of participant: _____

Emergency Contact: _____

Home telephone number: _____

Emergency Telephone: _____

Health Card Number: _____

Relationship: _____

Allergies: _____

Other Health Conditions: _____



SCA Oplenac Use Only:

Fee paid: _____ Amount: _____

Cheque _____ or Cash _____

Received By: _____ Date: _____