



Upis/Enrolment: 31.avg 18-20 / 1. sept 11-13h / 8. sept 10-14h / svake subote u septembru  
 Pocetak/Start: 15. sept 2007

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			

**SEKCIJE:**

FOLKLOR       SPORT \_\_\_\_\_

ORKESTAR       SOLO PEVANJE

HOR       MUZICKA SKOLA

SKOLA GLUME / DRAMSKA SEKCIJA

SKOLA SRPSKOG JEZIKA

REKREATIVNA FOLKLORNA GRUPA za odrasle

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

**Porodichni 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 \_\_\_\_\_, 2007  
 (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: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Health Conditions: \_\_\_\_\_

SCA Oplenac Use Only:  
 Fee paid: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Cheque \_\_\_\_\_ or Cash \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date: \_\_\_\_\_