

Application Form

Name

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Date of Birth

.....

Address

.....

.....

Postcode

.....

Telephone

.....

Mobile

.....

E-mail

.....

Dance experience (if any)

.....

Any medical conditions we should be aware of

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Classes attending:

Ballet

Tap

Modern

National

Greek

Solos

Street

Contemporary

Acro

Troupes

Musical Theatre

Other

Alternative contact in case of emergency

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Name that invoice should be addressed to

.....

I agree to give 4 weeks' notice of withdrawal from Pirouette Academy of Dance

Signature: Parent or person who has legal responsibility of the pupil.

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Date

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