

IMPACT DANCE

Registration Form

(OFFICE COPY)

STUDENT DETAILS

SURNAME:

GIVEN NAMES:

ADDRESS:

..... POSTCODE

DATE OF BIRTH:/...../.....

EMAIL ADDRESS:

MOTHER/GUARDIAN: SURNAME:.....HOME NO:.....

MOTHER/GUARDIAN: FIRST NAME:..... WORK NO:.....

MOBILE NO:.....

EMERGENCY CONTACT

RELATIONSHIP TO CHILD:PHONENO:.....

WHERE DID YOU HEAR ABOUT IMPACT DANCE?

.....

DOES THE STUDENT HAVE ANY MEDICAL CONDITIONS OR ALLERGIES
WE SHOULD KNOW ABOUT?

.....

I HAVE READ AND AGREED TO THE TERMS & CONDITIONS OF THE IMPACT DANCE
STUDIO INCLUDING THE PAYMENT OF FEES.

SIGNED:

NAME: DATE:
(BLOCK LETTERS)

DETAILS OF PAYMENT:

REGISTRATION FEE \$25.00

AMOUNT PAID: \$

DATE PAID: / / 2011

RECEIPT NO:

SIGNED (IMPACT DANCE STAFF):