

Julie Dorman School of Dance

Registration Form 2011 / 2012

Name of Child: _____ D.O.B. _____

Age: _____

Name of Parent / Guardian: _____

Address: _____

Postcode: _____

Telephone No's: Home _____ Mobile _____

E-mail: _____

Medical / Allergies / Useful Information: _____

Photographic / Filming Consent: Please tick box to give consent that photographs/films can be taken. (eg Dancing Display DVD)

Signature of Parent / Guardian: _____

Date: _____

