

WESTERN SCHOOL OF DANCE

REGISTRATION FORM

DATE

SURNAME

FIRST NAME

ADDRESS

POST CODE

EMAIL

HOME TEL

MOB TEL

DATE OF BIRTH

AGE

M/SHIP FEE
PEEL
DOUGLAS
YES
NO

LESSON TAKEN

	PEEL		DOUGLAS	
BALLET			BALLET	
TAP			TAP	
Ad.TAP			Ad.TAP	
ACRO			ACRO	
Ad.IRISH			Ad.IRISH	
MODERN			MODERN	
Jnr.STAGE			Jnr.STAGE	
Int.STAGE			Int.STAGE	
Snr.STAGE			Snr.STAGE	

HEALTH ISSUES

SIGNATURE OF PARENT