



REGISTRATION FORM

Student information

Name of student: _____ date of birth: _____
yy-mm-dd

Currently studying at: _____

Since year: _____

Previous dance training: _____
(the last five years)

Parent contact # 1: _____

Address: _____
city country postal

e-mail: _____ Home phone: _____

cell phone: _____ work phone: _____

