

TWDA ENROLMENT FORM

FIRST NAMES.....

SURNAME.....

ADDRESS.....

AGE.....DOB.....

MALE/FEMALE

PLEASE GIVE DETAILS OF ANY

DISABILITIES/SPECIALNEEDS/ILLNESS/ALLERGY/INJURY.....

.....

PLEASE COMPLETE YOUR DETAILS:

NAME OF PARENT (S).....,

ADDRESS (If different from
above).....

HOME TELEPHONE NUMBER.....

MOBILE.....

NAME AND NUMBER IN CASE OF AN
EMERGENCY.....

PREVIOUS DANCE TRAINING.....

PLEASE CIRCLE THE CLASSES YOU WOULD LIKE YOUR CHILD TO
BE ENROLLED:

BUSY FEET BALLET TINY TAPPERS TAP JUNIOR

TAP JUNIOR BALLET INTERMEDIATE BALLET

INTERMEDIATE TAP JUNIOR MODERN JAZZ ADULT

TAPPERS MUSICAL THEATRE INTERMEDIATE

MODERN JAZZ BOYS FREESTYLE FREESTYLE

JUNIOR 6YMNASTIC DANCE INTERMEDIATE SYMNASTIC DANCE