



For Office Use
Entered By:
Date:
Class cycle 1 or 2
Amt. Paid:
MC VISA Cash Cheque

YOUTH CLASSES REGISTRATION FORM 2009/10

PLEASE PRINT

DATE	FIRST NAME	LAST NAME
AGE	Date of Birth (optional) dd/mm/yy	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOME	SCHOOL	Allergies/Disabilites? (If yes, please explain)

PARENT/GUARDIAN:

NAME		RELATIONSHIP
EMAIL		
Telephone DAY	EVENING	MOBILE

PARENT/GUARDIAN:

NAME		RELATIONSHIP
EMAIL		
Telephone DAY	EVENING	MOBILE

★WOLD YOU LIKE TO BE PLACED ON THE BERMUDASALSA.COM EMAIL DISTRIBUTION LIST?
YES NO

★WHERE DID YOU HEAR ABOUT SABOR DANCE SCHOOL?

Radio Newspaper Friend SalsaMania Event (where? _____)
Internet Other (please specify) _____

★HAS YOUR CHILD TAKEN CLASSES BEFORE? YES NO

★IF YES, WHERE? _____

PRICE:

\$125 per term Costumes, shoes and accessories for performances will be charged extra
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Signed (Parent/Guardian) _____