

K C DANCE & DRAMA ACADEMY

REGISTRATION FORM

STUDENT NAME: _____ M/F: _____ Age: _____

HOME PHONE NO: _____

MOBILE NO: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____ POSTCODE: _____

1. Which style(s) you are interested to learn?

CLASSIC BALLET

JAZZ

FLAMENCO

TAP DANCE

DRAMA

2. Which day do you prefer to learn?

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

3. Which do you prefer to learn?

CONCORD

STUDIO

Comments:
