



2015 **Adult** Enrolment Form

Please complete all required fields

Adult Student

SURNAME	
FIRST NAME	DATE OF BIRTH

CONTACT DETAILS

ADDRESS	
SUBURB	POST CODE

HOME PHONE	MOBILE
EMAIL (for invoices etc)	

EMERGENCY CONTACT/S

NAME	RELATIONSHIP
HOME	MOBILE

NAME	RELATIONSHIP
HOME	MOBILE

SPECIAL REQUIREMENTS/MEDICAL CONDITIONS

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Please select the style you wish to enrol in:

Ballet	
Tap	
Jazz	

Thank you for enrolling in Alanna's Theatre and Dance Studio.

Please sign below to acknowledge that you have read and accepted the terms and conditions overleaf which are designed to provide a happy, fun and safe learning environment for all students.

Signed:	Date:
Name:	

PRIVACY STATEMENT: Personal details collected by Alanna's Theatre and Dance Studio are confidential and will only be used by the principal Alanna Volker for communication purposes.