

JENZ DANZIN ACADEMY

PLEASE COMPLETE DETAILS BELOW

STUDENT NAME.....
PARENT/GUARDIANS NAME.....
ADDRESS.....
.....
POSTCODE.....
PHONE HOME.....WORK.....
MOBILE.....
MOBILE.....
EMAIL ADDRESS.....
.D.O.B.....
MEDICAL CONDITIONS.....

STYLES OF DANCE

.....
.....

FEES TO BE PAID

ENROLMENT FEE:
CLASS LESSONS:
PRIVATE LESSONS:
DISCOUNTS :

I UNDERSTAND THAT ALL CLASS LESSONS MUST BE PAID FOR WHETHER
PRESENT OR ABSENT. (UNLESS CANCELLED BY TEACHER). I ALSO
UNDERSTAND THAT IN REGARDS TO PRIVATE LESSONS I MUST GIVE
SUFFICIENT NOTICE OTHERWISE PAYMENT IS EXPECTED.
I ALSO UNDERSTAND THAT PARENTS OR FRIENDS ARE NOT PERMITTED TO
WATCH ANY CLASS UNLESS INVITED.
SIGNED PARENT/GUARDIAN.....

DATE.....

MISS JENNIES CONTACT DETAILS 0402569122
jenz_jda@y7mail.com