



seven turns

DANCE COLLECTIVE

2015 Enrolment Form

Student Name:

Student Date of Birth:

Dance Class:

Parent Name(s):

Address:

Suburb:

Postcode:

Home Phone:

Mobile Phone:

Email:

Student School:

Does your child have a medical condition our dance teachers should be aware of? If so, please provide details:

Do you give your permission for images of your child to be used to help promote Seven Turns Dance Collective? e.g. online and print media: Please circle (Yes) (No)

Parent Signature:

Please return the completed enrolment form to Seven Turns Dance Collective either via email (selena@seventurnsdance.com) or post (Selena Cox-Walsh, PO Box 1127, Castlemaine VIC 3450)