



2 0 1 0 ENROLMENT

Student Name	
Parent/ Guardian Names	
Student Date of Birth	
Address	
Home Telephone	
Work Telephone	
Mobile 1	
Mobile 2	
Email*	

*all newsletters and correspondence will be emailed to this address.

Please list the classes that you wish to enrol your child in for 2010

Are there any medical problems we should be aware of?

Please list any previous dance experience

I have read and signed the S.R.S.O.D. Photo release form

Parent/Guardian Signature _____ Date _____

A \$15.00 enrolment/administration fee is payable with this form. This includes student insurance coverage through DanceSurance Australia and a DRINK BOTTLE

2010 Class

\$10 Paid

1/44 Enterprise Ave Berwick PO Box 545 Beaconsfield Vic 3807

T) 9796 2120 J) 0438 135510 S) 0409 003808

E) suzie@suzieryrie.com.au or julie@suzieryrie.com.au