

ENROLMENT FORM – BELLY DANCE ADELAIDE

New Student

Mail to: **PO BOX 483 TORRENSVILLE PLAZA SA 5031** – FEES PAYABLE TO: **BELLY DANCE ADELAIDE**

Re-enrolling student go to **Section 2**

Name.....Surname.....Term.....Year.....
Address.....Suburb.....Postcode.....
Phone.....Work.....Mobile.....
Email.....

Section 2 - List relevant injuries/medical conditions.....

Enrolling Class (1)Day.....Time.....

Enrolling Class (2)Day.....Time.....

Total amount enclosed \$..... Receipt required? Concession type.....

Credit card EFTPOS PayPal Cheque Money order Direct Bank Transfer Cash(not in post)

Credit card number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ / Expiry Date _ _ / _ _ Visa MasterCard

Name on card.....Signature.....

While safe dance practices are exercised we require all students to acknowledge that participation is at own risk.

FEES ARE NON-REFUNDABLE LESS THAN 7 DAYS AND NON-TRANSFERABLE LESS THAN 2 DAYS PRIOR TO TERM START.

SIGNATURE.....DATE.....