



ADULT ENROLMENT FORM

To: Miss Kim Yew Wong, Salisbury Dance Studios.
10 Wellington Mews, Waterloo Road, Salisbury SP1 2JL

I would like to enrol for the following adult class(es): **PLEASE PRINT IN CAPTITALS**

TAP _____ (DAY) _____ (LEVEL)

BALLET _____ (DAY) _____ (LEVEL)

Name _____ Date of Birth _____

Address _____

Email: _____

Tele Nos: Day _____ Eve _____

Any medical conditions or injuries that we must be aware of:

I enclosed £10 deposit (non-refundable) made payable to: Salisbury Dance Studios

I understand that I am fully responsible for my health and safety during my time at Salisbury Dance Studios.

I understand that due to the nature of Dance physical contact may be necessary by the teaching faculty.

I agree to pay termly in advance and will give ten weeks notice or fees in lieu if I withdraw from class / classes.

Signed: _____

Print Name: _____

Date: _____