



<b>For Office Use</b>
Entered By:
Date:
Class cycle 1 or 2
Amt. Paid:
MC VISA Cash Cheque

## YOUTH CLASSES REGISTRATION FORM 2009/10

**PLEASE PRINT**

DATE	FIRST NAME	LAST NAME
AGE	Date of Birth (optional) dd/mm/yy	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOME	SCHOOL	Allergies/Disabilites? (If yes, please explain)

**PARENT/GUARDIAN:**

NAME	RELATIONSHIP	
EMAIL		
Telephone DAY	EVENING	MOBILE

**PARENT/GUARDIAN:**

NAME	RELATIONSHIP	
EMAIL		
Telephone DAY	EVENING	MOBILE

★WOLD YOU LIKE TO BE PLACED ON THE BERMUDASALSA.COM EMAIL DISTRIBUTION LIST?  
 YES  NO

★WHERE DID YOU HEAR ABOUT SABOR DANCE SCHOOL?

Radio  Newspaper  Friend  SalsaMania Event  (where? \_\_\_\_\_)  
 Internet  Other  (please specify) \_\_\_\_\_

★HAS YOUR CHILD TAKEN CLASSES BEFORE? YES  NO

★IF YES, WHERE? \_\_\_\_\_

**PRICE:**

\$125 per term Costumes, shoes and accessories for performances will be charged extra
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Signed (Parent/Guardian) \_\_\_\_\_