



Enrolment and Credit Application

Please complete, sign and return (by post or scan and email) to:

AMJAZZ Dance Studios
P.O Box 1791
ROTORUA 3040
07-3458632
info@amjazz.co.nz

Dancers Full Name: _____ DOB: _____

Mother's Name: _____ Are you the bill payer? Yes No
(Or Caregivers Name)

Father's Name: _____ Are you the bill payer? Yes No
(Or Caregivers Name)

Postal Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Work Number: _____

Physical Address: _____ Postcode: _____
(if different from above):

Doctor's Name: _____

Medical Centre: _____ Phone Number: _____

Details of person paying account (if different from above):

Name: _____ Relationship: _____

Postal Address: _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Work Number: _____

Please confirm the email you would like your AMJAZZ newsletters and accounts sent to:

Email Address: _____

I agree to pay all dance fees and associated costs in FULL 4 weeks prior to the end of each term. I have read and agree with the terms and conditions detailed in the AMJAZZ Fee Payment Policy and Family Policy.

Name: _____

Signature: _____ Date: _____