

## Enquiry Form

Date: \_\_\_\_\_

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Dance Style: \_\_\_\_\_ Dance Style: \_\_\_\_\_

Previous Dance Experience: \_\_\_\_\_

How did you hear about AMJAZZ?: \_\_\_\_\_

Please refer to our Terms and Conditions on our Website