



## Tu Danse Registration Form

Name.....

Date of Birth (if under 18).....

Address.....

.....

.....

.....

.....

Home telephone number.....

Mobile.....

Email address.....

| Class | Day | Time |
|-------|-----|------|
|-------|-----|------|

.....

.....

.....

.....

.....

.....

.....

.....

Please make us aware of any health problems that may affect you during your class...i.e Asthma, Epilepsy etc...(will be treated with strict confidentiality) .....

.....

Signature of parent/guardian if student is under 18.....

Payment terms are half termly in advance for all childrens classes Cheques should be made payable to Tu Danse Studios Ltd • Please return to Tu Danse Studios, Newark Road, Peterborough PE1 5YD

Where did you hear about us? Radio..... Publication (which one).....