

Enrolment form

First Name:.....

Surname.....

Mailing Address.....

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.....Post Code.....

Telephone.....

Email.....

Class time & Day.....

At Elizabeth.....Gawler.....Highbury.....

Total Amount Enclosed: \$.....

Paid by Cheque.....MO.....Credit.....Cash.....

Credit card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date BC MC Visa

Name on card.....

Have you any injuries we need to know about? (please attach)

How did you find us?.....

PLEASE READ CAREFULLY! I AM AWARE THAT 1) I am responsible for my own/my child's safety and well-being while attending classes at Henna Nights. I understand Middle Eastern/ Belly Dance is a strenuous activity. I understand I should check with my physician before engaging in strenuous exercise. I release from liability of injury related to participation in this dance class Henna Nights School of Belly Dance. 2) As a fulltime student my fees are due **UPON COMMENCEMENT** / As a casual student I must pay **EVERY NIGHT** I am attending. 3) All missed classes must be made up in the **SAME TERM ONLY** 4) **FEES ARE NON-REFUNDABLE & NON TRANSFERABLE** upon commencement of the term.

I, the under signed, have read, understand and accept the above conditions of enrolment

Signed..... Date / /

(If enrolling a child then guardian must sign above)

Forward to: Henna Nights, Unit 8/31 Charlotte St, Smithfield, SA 5114