



STREETZ AHEAD DANCE ACADEMY

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STREETZAHEAD.COM

REGISTRATION FORM

BRANCH/CLASS:

NAME:

DOB:

ADDRESS:

TEL NO:

MOBILE NO:

EMERGENCY CONTACT NO:

EMAIL ADDRESS:

NECESSARY MEDICAL INFORMATION:

**STREETZ AHEAD DANCE ACADEMY / FIND UR FEET THEATRE SCHOOL / DANCESCAPE STUDIOS
RESERVE THE RIGHT TO TAKE PHOTOGRAPHS AND VIDEOS OF THEIR STUDENTS
TO USE FOR PROMOTIONAL MATERIAL.**

SIGNATURE: **DATE:**

**IF YOU ARE ALREADY A MEMBER OF STREETZ AHEAD DANCE ACADEMY, AND ARE GIVING THIS
FORM TO A FRIEND, PLEASE ENTER YOUR NAME FOR A FREE LESSON AND GOODY BAG.**

FIRST AND LAST NAMES: