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**ADULT ENROLMENT**

PLEASE RETURN WITH PAYMENT TO DANCE FACTORY

First Name: Surname:

Address: Suburb:

State: Postcode: Phone No.

E-mail:

How did you hear about Dance Factory?

What are you enrolling for? (please tick all that apply):

* Casual classes € Short courses € Performance classes € Technique classes € Over 50’s dance fitness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For short course, performance and technique, please list classes:** | | | | |
| **No.** | **Day** | **Time** | **Class** | **Teacher** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |

Is there a class not on our schedule you would be interested in eg evening tap or technique class?

*PLEASE NOTE!* Fees are non-refundable. Payment can be made by cash, eftpos/credit card facilities, credit card by phone or bank transfer: **BSB**- 063 166 **ACC NO**- 1002 4887 (Please enter your name in the description field)

*If you would like us to debit your card, pleases fill in the details below*

Type of card: Card number:

Name on card:

Signature: Exp date: Verification No:

TOTAL $