



Street Stompers

Adele Louise Dance Academy

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APPLICATION FORM

Student Name:		DOB:	
Address:			
Post Code:			
Parent/Guardian:		Tel No:	
Email:			
Previous Dance Experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dance Qualifications Obtained:			

ADDITIONAL INFORMATION

Emergency Contact Information:	Name:	Relation to Student:
Contact Numbers:	Home:	Mobile:
Address:		
Does your child have any medical conditions which we should know about?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please specify:		
How did you hear about us?		
Print Name:	Signature:	Date: