

NEWCASTLE BALLET THEATRE

Trial Class Registration form Studio After School classes

Student Name.....Age.....DOB.....

Parent/Guardian:.....

Phone:Date:.....

Email:.....

Class/es to be Trialled:

Ballet: Day/Date.....Level

Contemporary: Day/Date.....Level

Jazz: Day/Date.....Level.....

Acro: Day/Date.....Level.....

Signed by Parent/Guardian.....

Please email this form to nbt1@live.com.au

Or contact Kristy 0434 417 454, Rider 0401 214 042 Amelia 0414 220 654

Studio 1/89 Mitchell Road, Cardiff NSW 2285

Administration use only:

Is student currently enrolled at NBT and wanting to trial another genre Yes..... No.....

Has student handed in enrolment form prior to class

Has student enrolled after class