

NEWCASTLE BALLET THEATRE

Trial Class Registration Form Teeny, Tiny & Little Dancers & Mums & Bubs

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

Parent/Guardian:.....

Address:.....P/Code.....

Phone:Date:.....

Email:.....

Please advise which class you wish to trial:

Teeny Dancer 2-3yrs Day.....Date.....

Tiny Dancer 4-5yrs Day.....Date.....

Little Dancer JAZZ 3-6yrs Day.....Date.....

Mums & Bubs 18mth - 2yrs Day.....Date.....

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:

Has student attended the trial Yes..... No..... *Comments*.....

Has student enrolled after class