

DancEgypt Dance Company

Name: _____
 Address: _____

 City: _____
 P.C. _____

Email: _____
 Home Phone: _____
 Work Phone: _____

Where did you learn about DancEgypt classes?

- | | | | |
|---------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Sheaf | <input type="checkbox"/> Leisure Services | <input type="checkbox"/> Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Star Phoenix | <input type="checkbox"/> Radio | <input type="checkbox"/> Phone Book | <input type="checkbox"/> Attended performance |
| <input type="checkbox"/> Posters | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Other _____ | |

Please list your previous Belly Dance Experience? None

 Instructor: _____

 Instructor: _____

 Instructor: _____

What do you hope to get out of this class: Please be as specific as possible.

Please describe any physical or medical problems we should be aware of?

NOTE:

Belly Dancing can be a strenuous physical activity. We recommend consulting your physician before beginning any new exercise program and accept no liability for any injury or problem arising from the instruction.

Periodically, DancEgypt may photograph, or contract photographs to be taken of its various activates. DancEgypt reserves the right to use these photographs for self promotional purposes. If you do NOT wish your image to be used for this purpose, please check this box.

I have read and hereby acknowledge the above two statements.

Signature: _____

Date: _____

For internal use only

Level	Start Date	Cheque #	Cash	Receipt #

Note: A \$15 fee will be assessed for NSF cheques.