

# BROOKE HENDERSON DANCE STUDIOS

## 2016/17 AUDITION REGISTRATION FORM

STUDENT'S NAME: .....

DATE OF BIRTH: ..... AGE AS AT 1/05/2017:.....

PARENT'S NAME: .....

PARENT'S EMAIL ADDRESS: .....

*(Please type this clearly in BLOCK letters as invoices and newsletters will be emailed to this address, BHDS is paperless.)*

PARENT'S PHONE: ..... MOBILE:.....

### CLASSES YOU ARE AUDITIONING FOR:

CLASS:.....

CLASS.....

CLASS.....

CLASS.....

CLASS.....

CLASS.....

**PLEASE RETURN THE COMPLETED FORM TO B.H.D.S. VIA FAX 02 9979 2661 OR SCAN  
AND EMAIL TO [info@bhds.com.au](mailto:info@bhds.com.au)**

**TERMS AND CONDITIONS OF ENROLMENT ARE AVAILABLE FROM OUR WEBSITE.**