

BROOKE HENDERSON DANCE STUDIOS

2018/19 AUDITION REGISTRATION FORM

STUDENT'S NAME:

DATE OF BIRTH: AGE AS AT 1/05/2019:.....

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**

TERMS AND CONDITIONS OF ENROLMENT ARE AVAILABLE FROM OUR WEBSITE.