

APPLICATION FORM

Please PRINT all details

Student's Name

Address

Postcode

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email@.....

Contact Telephone Numbers

home

mobile

Date of Birth (dd/mm/yr) Age

Name of Parent/Guardian

Are you interested in taking ballet exams of the RAD? (please circle)

Where did you hear about us?

Does the applicant have any medical conditions we need to be aware of?
.....

I confirm that I have read and agree to jumpup's terms & conditions emailed to you.

- Half a term's fees are required if written notice is not received by the last day of the previous term.
- Because of the nature of dancing as an activity I / we understand that the dance teacher may need to use physical contact at times to correct a pose/step to show the correct line/movement.
- I / we allow pictures taken in class / show to be used by jumpup for advertising purposes.

signed..... **dated**.....

You can withdraw you consent at any time in writing.

Please return form to JUMPUP, 33 Hale Lane, Mill Hill, London NW7 3NU

(cheques should be made payable to JUMPUP)

For further info phone Erna on mobile 07946 581933 or email erna@jumpup.co.uk

Enclosed: Registration Fee £..... **£20**

Tuition Fee/term £..... (dependent upon level and class length)

£5 discount for siblings and **£10 discount** for 2 or more classes per week

(For office use only)		
Date received	Taster date	Date enrolled