

Master Class Registration Form



Applicant Information (PLEASE FIL IN CAPITAL LETTERS)		Membership No: _____ (If Available)	
First Name:		Last Name:	
Parent's Name (if Applicable):		Relationship:	
Address _____ _____			
Mobile Phone:		DOB (DD/MM/YYYY) / /	
Personal Email:			
Occupation (if Applicable):		Shoe Size (UK):	
Dance Styles For Master Class <input type="checkbox"/> Latin & Ballroom <input type="checkbox"/> Ballet <input type="checkbox"/> Jazz <input type="checkbox"/> Tap <input type="checkbox"/> Hip Hop			
Dance Education/Experience			
Any Previous Dance Experience?		Number of Years:	
What Dance Style and Location?			
Any Previous Dance Education? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, State Style and Final Level:	
What Are You Expectations For The Master Class?			
Other Information			
How Did You Hear About the Master Class <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> SMS <input type="checkbox"/> Newsletter <input type="checkbox"/> Email <input type="checkbox"/> word Of Mouth			
Signature And Consent			
I certify that to the best of my knowledge, all information above is true and correct..			
Signature Of Applicant: _____		Date: _____	

Liability waiver and photo release

I _____, do understand that participation in this activity is completely voluntary, the activity is being offered for the benefit of the participant, and due to the physically demanding nature of dance, the undersigned acknowledges and accepts the risks inherent in this activity.

The undersigned agrees that VAL's – THE DANCE STUDIO shall not be held liable for any claims, injuries or damages incurred by the participant due to participating in, or the nature of the program.

Signature of applicant: _____ Date: _____

I understand that pictures and video may be taken during classes. These images may be used and/or distributed for the purpose of advertising, promotion and/or related products. I grant VAL's – THE DANCE STUDIO permission to use these images of myself.

Signature of applicant: _____ Date: _____

Kindly submit application with one passport size photo (Hardcopy) on or before the _____ of _____ 2015.

Cheques or online payment should be directed to:

Name: VAL's – THE DANCE STUDIO
Bank: UBA
Account no: 1018761330

Teller or evidence of payment to be submitted to our office at:

Studio Address: Plot 62 Block 5, Theophilus Oji Street, Off Fola Osibo Street, Lekki Phase 1, Lekki, Lagos.
Telephone: 01- 342 3453, Email: info@vals.dance

...a time to dance!

Latin • Ballroom • Ballet • Jazz • Tap • Hip Hop • Dance Fitness • Bespoke Programmes