



**2019-2020 REGISTRATION FORM
ADULT BALADI AND DABKÉ**

General Information

Family Name: _____ First Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cel. Phone: _____ Email : _____

Previous Dance Training

Have you taken dabké or baladi classes in the past? If yes, please specify the number of years enrolled in these classes:

Dabké: _____ Baladi: _____

Have you taken classes of any other dance types (ex: jazz, hip hop etc.)? If so, please specify dance type:

Medical Condition

Do you have a medical condition that we should be aware of or that could be worsened by physical activity? If so, please specify: _____

(This information is confidential and is for administrative purposes only)

**DO NOT COMPLETE THIS SECTION
FOR ADMINISTRATION ONLY**

FEES:

Fall Session: \$120 / 6 weeks – September 23, 2019 to November 4, 2019

Winter Session: \$120 / 6 weeks - January 20, 2020 to March 2, 2020

Fall: (\$120) _____ Cash: _____ Cheque: _____ Receipt #: _____

Winter: (\$120) _____ Cash: _____ Cheque: _____ Receipt #: _____