

PAYABLE TO: BELLY DANCE ACADEMY OF ADELAIDE • 240 FRANKLIN STREET, ADELAIDE SA
POST: PO BOX 10240 ADELAIDE BC SA 5000 • **EMAIL:** office@bellydanceacademy.com.au

FIRST NAME.....**SURNAME**.....**TERM#**.....**YEAR**.....

MOBILE [REQUIRED].....[h/wk]..... P.Code?.....

EMAIL [ONLY REQUIRED IF **NOT** RECEIVING OUR EMAILS].....

WEEKLY CLASS #1.....Day.....Time.....

OFFICE USE: CF RB DB

WEEKLY CLASS #2.....Day.....Time.....

DATE PAID:

CLUB 240 ♥ UNLIMITED CLASS MEMBERSHIP PER 10 WEEK TERM.....

Found us via? [WEBSITE / GOOGLE / NEWSPAPER / FRIEND / SHOW / OTHER?].....

Injuries / Conditions / Pregnant?.....

TOTAL PAID \$.....Credit Card[OFFICE / PHONE] Eftpos Cash Cheque[OFFICE] M/Order Receipt?

*WHILST SAFE DANCE PRACTICES ARE ADHERED TO & EVERY CARE IS TAKEN, YOUR PARTICIPATION IS AT YOUR OWN RISK
FEES ARE NON-REFUNDABLE LESS THAN 7 DAYS PRIOR TO TERM & NON-TRANSFERABLE 14 DAYS AFTER TERM START DATE
PROMOTIONAL TERM SPECIALS & SUPER EARLY BIRDS ARE NON-REFUNDABLE, NON-DEFERRABLE & NON-TRANSFERABLE*

STUDENT SIGNATURE.....**DATE**.....

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