



DANCE WORKSHOP REGISTRATION

CLASS SIZE IS STRICTLY LIMITED

One student registration per form. Please fill out and return the form ASAP to ensure your place.

Student Name:- _____

Address:- _____

_____ Date of Birth:- ____ / ____ / ____

Parent's Name:- _____

Phone: - _____ Mobile:- _____

Email:- _____

Emergency Contact:- _____

Name of dance school attending:- _____

Number of years dance experience:- _____

Dance styles studied:- _____

LIABILITY RELEASE

I release Trundle ABBA Festival Inc., from all liability, injury, damage or loss of property and to allow the event organisers to film and/or take photos to use in publicity shots for future Trundle ABBA Festivals.

Signature:- _____ Date:- _____

Please mail your entry to **Trundle ABBA Festival Inc, PO Box 11, TRUNDLE NSW 2875, or**
Email:- info@trundleabbafestival.com