

Group _____



Application for admission to _____

Student Name:- _____

Address:- _____

_____ Date of Birth:- __ / __ / ____

Parent's Name:- _____

Phone: - _____ Mobile:- _____

Email:- _____

Emergency Contact:- _____

Number of years dance experience:- _____

Any special notes _____

Course Selected : Regular Course / Certificate Course / Special Class

Signature:- _____ Date:- _____

Shivamallari Dance Institute

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