Please return this completed form to:
Vibe Studios
37-39 Manchester Road
Mooroolbark 3138

PLEASE PRINT NEATLY!

Student's Name _____

Parent/Guardian _____

Address _____

_____

_____

Phone _____

Student's Mobile (if applicable) _____

Emergency Contact Number _____

Email _____

Date of Birth _____

School Grade/Year_____

Medical Details (please list anything that may affect your dancing, ie. Asthma, etc.)

_____

_____

_____

Classes you are enrolling in:

Class	Day	Time