

Belly Dance

Student Registration Form

Beverly Whitt, *Instructor*
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Full Name: _____
Full Address: _____

Phone: _____
(h) _____ & (cell) _____ E-
mail: _____

Emergency Contact: _____

Tell me about yourself... (optional)
Married Single Divorced Widowed Children yes no If "yes" what age(s) _____

Pet(s) _____ If "yes" describe: _____

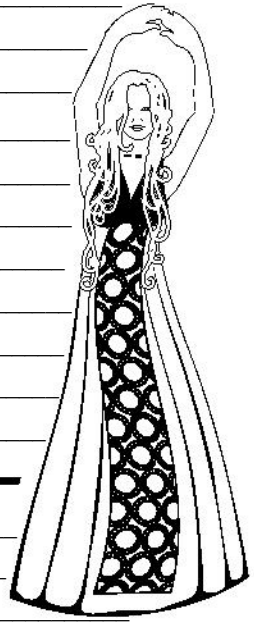
Any Hobbies/Special Interests: _____

Occupation: _____ Name of Business: _____

Any past dance or theatre experience/training? yes no If "yes" describe: _____

Do you play any musical instruments? yes no If "yes" describe: _____

Any illnesses, past injuries, or physical constraints? yes no If "yes" describe: _____



How did you hear about this class? _____

Why do you think you want to take "belly dance" lessons? _____

Have you ever seen a performance by an authentic or trained "belly dancer" other than a "belly-gram" or a "Hollywood" version? yes no

If "yes" describe: _____

Class Time: _____ **Day:** _____ **Location:** _____

Are you interested in going far enough with lessons to join a dance troupe?
 Yes No I don't know

Waiver of liability: I will not hold the instructor or any proprietor of the building liable for any harm or accidental injury that might occur to me or for any loss or damage to belongings.

Signed _____ Date _____