



Australian
School Dance

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www.schooldance.edu.au

Booking Form

Contact Name _____

School _____

Address _____

Tel No. _____ Fax No. _____

Signed _____

We would like to sign up to the Australian School Dance program:

Term _____

Number of Classes _____ Program Length _____ Weeks

Start Date _____

Finish Date _____

Please list available days below. To aid timetabling please list as many as possible.

No.	Class Name	Start Time	Finish Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please Fax a copy of this form to 1300 788 236