2019/2020 APPLICATION FORM

Please complete in block capitals

TRIPLE THREAT ASSOCIATES
DREAM - BELIEVE - ACHIEVE

Nama		
Name		
Date Of BirthAge on 1st Sep 2019		
Home address		Please affix Passport photograph of yourself
		here
Postcode		
Phone		
Number		
Parent/		
Guardian		
Email		
Address		
DANCE EXPERIENCE		
Pallot		
Ballet		
Madeur		
Modern/ Jazz		
Тар		
Musical Theatre/ Voice		
Drama		
Tell us anything else about yourself that might be relevant :		
DETAILS OF CURRENT DANCE SCHOOL: (IF RELEVANT)		
Name of Dance Teacher		
Dance School		
Dance Teacher's Signature	Email Address:	
-		
Please list an medical conditions or injuries:		
,		
Check List:		
Yes I have enclosed a passport photograph of myself.		
Yes I have filled in all the relevant information and got it signed by my parents and my dance	ce teacher	
Parent/Guardian Signature	Email Address:	
-		