



Audition Form March 21st 2010 Pineapple Dance Studios London

Name	Age (if under 18).....
Address	Date of birth
Email	
Postcode.....	
Phone.....	
Dance school/studio.....	
Where did you hear about us?.....	
Standard	
Additional medical information	
.....	
Emergency contact details	

<p>Audition/Workshop I would like to participate in the Tap Attack Youth Company Audition/Workshop on March 21st 2010 and enclose £10.00 <input type="checkbox"/></p>

<p>Total payment enclosed.....</p> <p>Please make cheques payable to Tap Attack</p> <p>Please mail to 31 Bishopdale Close Nine Elms Swindon SN5 5UZ</p>

Terms and conditions

(1) **Tap Attack** reserves the right to use their photos and videos for advertising and publicity purposes. (2) **Tap Attack** will not be held responsible for any claims to damages or injuries of any kind resulting from activities from the audition/workshop. (3) No refunds can be given unless for medical reasons of which documentation is required. (4) Dancers will be notified within 1 week of the audition of the outcome.

Please see the information page for details regarding the audition and company.

I hereby acknowledge the above stated terms and conditions and accept all risks, damages or injuries of any kind.

Signed (parent/guardian if under 18).....

Signed (dance teacher).....

Date.....