



Bellydancewithnickie@gmail.com

Enrolment Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apt#*

City *Province* *Postal Code*

Phone: _____ Cell: _____

Email: _____

Have you ever belly danced before? YES NO If yes, when? _____

Do you want to purchase a hip scarf? (\$10 each) YES NO

Belly Dance – Beginners 1 YES NO

Signature

Your booking is not secure until you make your payment. Enrolments are non-refundable.

Signature: _____ Date: _____