



Email:
Bellydancewithnickie@gmail.com

Website:
Bellydancewithnickie.ca

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

Indicate your choice of week night Monday class Wednesday class
5:30pm to 6:30pm 7:00pm to 8:00pm

Indicate your choice of class time

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

LIABILITY & WAIVER

I hereby release Belly Dance with Nickie and its instructor from any and all liability, injury, claim, demand or action that I may have resulting in or from injury, loss, or damages arising from my participation in any classes or events, or while on the property of the studios, including injury or loss that may be caused by the negligence of the released parties. I choose to take this class at my own risk. I understand that it is my responsibility to contact a health care practitioner regarding my ability to participate in classes before taking part in this program.

Signature: _____ Date: _____