

GIELGUD  
ACADEMY  
OF PERFORMING ARTS

Your name:

First child's name:

First Childs Age:

Date of Birth :

Current school year :

Second child's name:

Second child's Age:

Date of Birth :

Current school year :

Your Email:

Address:

Mobile:

Home telephone:

Previous dance school/training/experience including exams taken if relevant:

Are there any medical conditions we should know about for the trial day?

Current Academic School and Dance school:

To help us ensure our advertising is effective, please tell us how you heard about us and where you have seen us advertise.

I wish to register my child for a free trial in the following classes  
(First Steps/Ballet/Pilates/Modern/Tap/Contemporary/Jazz)

- 1
- 2
- 3
- 4
- 5

Signed..... Date..... Email signature is sufficient.