

Inscription form - Oriëntaalse Dans met Ana

Name	
Full address, postal code and city	
Date of birth	
Telephonenumber(s)	
E-mail address	
Check a box	<p>I would like to take the following course(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monday: <ul style="list-style-type: none"> <input type="radio"/> 10:00 – 11:45 Beginners 2/3 <input type="radio"/> 19:00 – 20:00 Dance Fitness <input type="radio"/> 20:00 – 21:15 Intermediates 2 <input type="checkbox"/> Tuesday: <ul style="list-style-type: none"> <input type="radio"/> 10:00 – 11:15 Beginners 1 <input type="radio"/> 19:00 – 20:00 Intermediates <input type="radio"/> 20:00 – 21:15 Advanced 2 <input type="checkbox"/> Wednesday: <ul style="list-style-type: none"> <input type="radio"/> 19:15 – 20:30 Beginners 2/3 <input type="radio"/> 20:30 – 21:45 Beginners 1/2 <input type="checkbox"/> Thursday: <ul style="list-style-type: none"> <input type="radio"/> 19:45 – 20:00 Post-Advanced/Continuing <input type="checkbox"/> Friday: <ul style="list-style-type: none"> <input type="radio"/> 10:00 – 11:15 Dance Fitness
Other **	
How have you come across Oriëntaalse Dans met Ana's classes?	<ul style="list-style-type: none"> <input type="radio"/> Through the newspaper <input type="radio"/> Through our flyer <input type="radio"/> Through our website <input type="radio"/> Through a friend <input type="radio"/> Through a performance or workshop <input type="radio"/> None of the above, but:

I, (name) hereby accept the terms and conditions of Oriëntaalse Dans met Ana and oblige to pay the full class price contained therein.

Signature, date:

** Are you a student or pupil, please indicate so in the "Other" field. Please indicate in this field if you have any medical or physical condition we should take into account. Ofcourse it is possible to discuss these matters personally with Ana: 06.48796561