Enrollment:



Alvin Ailey Arts In Education Dance Residency 2019 19.-24. August 2019

Insert photo

Please fill out and return to $\underline{\text{Balletskolen@tivoli.dk}}$ no later than 11. August 2019.

Tivoli Ballet Skole, Vesterbrogade 3, 1630 København V

 Personal i 	information					
First name		Last name			Gender	
Date of Birth		Nationality			Height	
(DD/MM/YYYY)						
Adress						
Postal code/ City		Country				
Applicant telephone		Applicant e-mail				
Parent/Guardian First Name		Parent/Guardian Last Name		Mother/	Mother/Father/Guardian	
				Please III	Please underline	
Parent/Guardian Telephone		Parent/Guardian E-mail		Emerger	Emergency Telephone	
Dance Training (information about your latest dance training)						
Name of Teacher		Name of School		How many years have you trained		
3.						
Dance Style		Level		Hours per week		
4. Additional Dance Training (please X)						
4. Additiona	Yes	No If yes, how many years				
Ballet						
Hip hop						
Jazz						
5. Health Information (information concerning injuries of other health issues)						
	Yes	No If y	f yes, please describe			
Injuries						
Health issues						
6. Food Allergies (Please X)						
Yes If yes, please describe						
No						
7. General information						
How have you heard about Alvin Ailey Arts In Education Dance Residency 2019?						
Signature and date Parent/Guardian						

