

**Florida School For Dance Education
Trial Class Form**

Parents Name: _____

Address:

Phone Number: _____

Email Address: _____

Child's Name: _____

Date of Birth: _____ **Age:** _____

Dance Experience:

Where did you learn about us?

Trial Date: _____ **Class:** _____

Day: _____ **Time:** _____

Teacher: _____

Guardian Signature: _____

Date: _____