

DANCE DOMINATION

Marilize Griffiths

P O Box 43508 , Heuwelsig, 9332

Cell: 082 375 0021

11 Gilles van der Wallstreet, Hillsboro, Bloemfontein, 9301

Fax: 086 528 5556

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INSKRYWINGSVORM/ENROLLMENT

VAN/SURNAME (Danser/Dancer): _____

NAAM/NAME: _____ **SKOOL:** _____

GEBOORTEDATUM/DATE OF BIRTH: _____

OUDERDOM/AGE: _____

NOEMNAAM: Moeder/Mother: _____

Vader/Father: _____

VAN van OUER/VOOG/Surname of Parent: _____

| | |
|---------------------------|--|
| POSADRES/POSADRES: | E-POS ADRES: E-MAIL ADDRESS: |
| KODE: | Ouer Sel/Parent Cell: |
| TEL: WERK/WORK TEL | T-HEMP GROOTE/ T-SHIRT SIZE 3-4 JR 5-6 JR 7-8 JR |

Betaal metode/Method of payment

| | | | |
|---------------------|--|--|--|
| KWARTAALLIKS | | | |
|---------------------|--|--|--|

Neem asb kennis geen kontant sal ontvang word vir klasfoie nie, alle foie moet asb in bank besonderhede voorsien vereffen word.

Please note no cash will be accepted please pay dance fees in account number provided.

HANDTEKENING/SIGNATURE

DATE/DATUM

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INSKRYWINGSVORM/ENROLLMENT

VAN/SURNAME (Danser/Dancer): _____

NAAM/NAME: _____ **SCHOOL:** _____

GEBOORTEDATUM/DATE OF BIRTH: _____

OUDERDOM/AGE: _____

NOEMNAAM: Moeder/Mother: _____

Vader/Father: _____

VAN van OUER/VOOG/Surname of Parent: _____

| | |
|---------------------------|--|
| POSADRES/POSADRES: | E-POS ADRES: E-MAIL ADDRESS: |
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Betaal metode/Method of payment

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