



Amanda O'Rourke PRINCIPAL

PO Box 3236 Erina NSW 2260

P: 02 4384 7001

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[www.danzfactory.com.au](http://www.danzfactory.com.au)

## 2012 DANZ WORKSHOP

### APPLICANTS INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Student Mobile: \_\_\_\_\_ Student Home: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age (as at 23/1/12): \_\_\_\_\_ Male:  Female:

### PARENT (S)/GUARDIAN INFORMATION

Parent:  Guardian:  Relationship to Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (if different to above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Parent Mobile 1: \_\_\_\_\_ Parent Mobile 2: \_\_\_\_\_

Email: \_\_\_\_\_



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## 2012 DANZ WORKSHOP

### STUDENT DANCE PROFILE

DANCE TRAINING	YEARS OF TRAINING	DANCE STYLE	STUDIO LOCATION	CLASS/ES YOU WISH TO ATTEND
BALLET				
JAZZ				
CONTEMPORARY				
TAP				
HIP HOP				
LOCKING/POPPING				
ACROBATICS				
ACTING/DRAMA				
BOYS ONLY				
BEGINNERS				
JFH				
LYRICAL				
MUSICAL THEATRE				
BREAKDANCE				

**Please note:** All above classes are offered but it will depend on the numbers as to whether each class will go ahead. Ages, boys' only classes and beginners will be taken into consideration when the timetable is compiled.



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## 2012 DANZ WORKSHOP

### STUDENT HEALTH PROFILE

Have you previously received any injuries to your back? Yes  No

Have you previously received any injuries to your hips, knees or ankles? Yes  No

Do you have any allergies? i.e., Asthma, nuts etc Yes  No

Do you take any regular medication? Yes  No

If you have answered YES to any of the above, please give further details i.e.

*Dates – Injury – Treatment (both immediate and ongoing)*

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### PAYMENT DETAILS

Please send completed Application Form and 50% deposit by cheque to:

**Jan O'Rourke**  
**PO Box 3049**  
**Wamberal NSW 2260**

**OR**

Please charge my credit card for the amount payable (as above) – **Costs are listed below**

Visa:  MasterCard:  Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

CVC Number (three digits on reverse of your card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_



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## 2012 DANZ WORKSHOP

We look forward to meeting you at the first ever 4 day Danz Workshop on the Central Coast. A confirmation email or letter will be sent once payment has been received and as soon as the Timetable is confirmed with Guest Teachers this will be sent out to your email address.

### How did you hear about our Danz Workshop?

Internet:  Friend:  Studio:

Kidz on the Coast Magazine:  Express Advocate:  Sea FM:

Other (please specify) \_\_\_\_\_

**Refund Policy:** We do **not** provide refunds for change of mind or personal circumstances. However, we do provide a refund if the cancellation is due to a medical reason and a medical certificate is supplied. If a class that you have chosen to attend will not go ahead due to numbers, you will be offered another class of your choice that you may wish to attend or a refund will be given.

### Important Information – Please read:

- Completed/Signed Application Form to be sent with 50% Deposit
- **Costs:** \$20.00 per class or \$75.00 per day unlimited classes
- Danz Workshop Fee – **50% Deposit** required to secure your spot
- Dates Monday 23 January to Wednesday 25 January
- Thursday 26 January (Australia Day – classes will not be held on this day)
- Friday morning classes will be held for rehearsals of the routines that will be presented at the Avoca Beach Theatre commencing at 3.30pm. This 'fun' performance will give the students the opportunity to invite family and friends to watch them "Perform with these great Teachers".
- The Friday morning classes will only be for approximately 30 minutes for each genre and will cost \$10.00 per class.
- Tickets to the Performance at the Theatre will be \$10.00 per seat (*this is to be paid to Avoca Beach Theatre on the day*) and all students performing will be seated in the Theatre at no cost.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_