

# Intempo Trial Form

Name of dancer: \_\_\_\_\_ Date: \_\_\_\_\_

Age & Bday of dancer: \_\_\_\_\_

Parent Email & \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you ever danced before?

\_\_\_\_\_

How long have you been dancing?

\_\_\_\_\_

What dance styles have you taken?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What classes would you like to try? (Name of class, day & time)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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