



Kay Flynn Dancing Academy
Summer School
Summary Form
One Student per form

Teacher Details:

Name of School

Contact Teacher

Correspondence Address

Email

Phone

Teacher Signature: _____

Date: __/__/__

I HAVE READ AND UNDERTSOOD THE CONDITIONS OF ENTRY

PLEASE RETURN COMPLETED SUMMARY FORM WITH INDIVIDUAL STUDENT FORMS AND PAYMENT

TO: Kay Flynn Dancing Academy
PO Box 1510,
Nerang QLD 4211

Student Details:

Name of Student

Sex of Student

Level

Amount

Medical Conditions

Parent Signature: _____

Date: __/__/__

I HAVE READ AND UNDERSTOOD THE CONDITIONS OF ENTRY

PLEASE RETURN COMPLETED SUMMARY FORM WITH INDIVIDUAL STUDENT FORMS AND PAYMENT

TO: YOUR DANCE SCHOOL'S PRINCIPAL

Enquiries: Kay Flynn Email: kfda7@hotmail.com Phone: 0414 457 708