**Kerry Ledger School of Dance & Performing Arts**

**Bookings form**

Name of Pupil:

Contact Telephone Number:

Contact Email:

Dates:

Class Age Group:

Classes Requested:

Amount Paid:

Date of Payment:

By signing this agreement, I agree that I have read both the bookings policy and terms and conditions documents. I also understand my commitment to pay BEFORE the 1st of each month;

Signed ……………………………………(Printed name accepted)

You will receive confirmation of which classes have been booked for you. If you do not receive this email confirmation at least 24 hours before your first scheduled class, please email us at [kerryledgerdance@gmail.com](mailto:kerryledgerdance@gmail.com)