



New Customer Form

1. Your first and last name (please print clearly):
2. Your Email Address:
3. Your Address:
4. Your Cell Phone Number:
5. Other Contact Phone Number:
6. How did you hear about this class? (circle any) Flyer Website Google search Facebook Friend Other
7. Medical Conditions Do you have any medical conditions or injuries I should know about?
8. This information is collected to help me improve my classes and promotions. It will never be shared with anyone, or sold. Can I contact you via email or text for emergencies or cancellations, or for the occasional class updates? <input type="checkbox"/> Yes, that's fine <input type="checkbox"/> No thanks



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