

# *Introduction to Belly Dance*

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## *New Student Registration*

**\*\*This information will NOT be shared with any third party\*\***

PLEASE PRINT CLEARLY

Today's Date:

Class Day & Time you are registering for:

Name:

Email:

Phone (in case of weather cancellation)

Home:

Cell:

Work:

Mailing Address:

How did you find out about Kanina's belly dance classes? (Circle)

Word of Mouth (who?) \_\_\_\_\_

Kanina website \_\_\_\_\_ Other (what or who) \_\_\_\_\_

Do you have any physical limitations, challenges or previous injuries that the instructor should be aware of? If so, what are they?

Goals/Expectations. Briefly describe your reason for taking class or what you would like to get from class.