



Trial Class Form

Student's Name _____

Trial Class(s) & Date: _____

Parent Name _____

Cell Phone _____

Email _____

How did you hear about Lux Dance Collective?

Friend/Relative (list name) _____ Social Media _____

Website _____ Other _____

Any Health or Learning difficulties the owners/faculty should be aware of?

Physical _____

Hearing _____ Vision _____

Severe allergies _____

Comments and/or concerns _____

Print Parent Name: _____

Parent Signature: _____

Date: _____

For office use only:

Follow up with client (email/phone) date: _____

Did this student enroll in LDC? (Please circle) Y N

Classes enrolled in: _____

Owner Signature: _____