

Illinois Ballroom Teacher College Enrollment Form



To register, submit this completed form with the Payment Form and a non-refundable, \$100 deposit. Please print clearly. Use additional paper if necessary.

First Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____

Email: _____

How did you hear about us? _____

Course Title: _____ Starting Date: _____

What is your dance background, if any? *(No dance background is necessary)*

What is your main purpose in taking this course?

Are you interested in pursuing a career as a ballroom dance teacher? If so, why?

Please provide any additional information you think we should know about you.

Upon receipt of your Enrollment Form, Payment Form and \$100 non-refundable deposit (to reserve your space), you will receive a confirmation call or email. The balance of your first payment is due **NO LATER THAN THE FIRST DAY OF CLASS.**