

DANCE STUDIO

DIRECTORY INFORMATION FORM



DANCE STUDIO NAME

Location _____ Street _____

Suburb _____ Post Code _____

Please list in Metropolitan Regional Country

Phone Numbers STD Code _____ Business _____ Other _____

Fax _____ Mobile _____

Mailing Address

_____ Post Code _____

Write "as above" if applicable

Email Address _____

Web Site Address

OWNER / OPERATORS

Name/s _____

DANCE STUDIO ACTIVITIES (Please tick all relevant boxes)

Dancesport Competitive Couples Trained in :

Standard Latin New Vogue

Are the services of a DSA Accredited Coach available Yes

Social Dancing

Standard Latin New Vogue

Other Dance Styles _____

(eg. Street Latin, Rock N' Roll, Argentine Tango, Hip Hop, Funk etc)

Age Groups

Children (Under 16 yrs) Teenage (16 to 19 yrs)

Adults (20 to 35 yrs) Seniors (Over 35 yrs)

Declaration and Signature

I/We agree to the publication of the above details on the DSA Web-site

Signed _____ Date _____

Please use separate form for additional Dance Studio locations.

When completed, forward this form to :-

**DANCESPORT AUSTRALIA, P.O. Box 7771, Baulkham Hills NSW 2153 or
email ceo@dancesport.org.au**