



*Sonia Herron*  
Academy of Jazz

## Registration

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mobile Number

Please Choose a Class:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Baby-Bop          | <input type="checkbox"/> Jazz Intermediate 1 | <input type="checkbox"/> Hip Hop Intro 3        |
| <input type="checkbox"/> Dance-Nastics     | <input type="checkbox"/> Jazz Intermediate 2 | <input type="checkbox"/> Hip Hop Elementary 1   |
| <input type="checkbox"/> Theatre Kids 1    | <input type="checkbox"/> Jazz Intermediate 3 | <input type="checkbox"/> Hip Hop Elementary 2   |
| <input type="checkbox"/> Jazz Primary 1    | <input type="checkbox"/> Jazz Advanced 1     | <input type="checkbox"/> Hip Hop Elementary 3   |
| <input type="checkbox"/> Jazz Primary 2    | <input type="checkbox"/> Jazz Advanced 2     | <input type="checkbox"/> Hip Hop Intermediate 1 |
| <input type="checkbox"/> Jazz Junior 1     | <input type="checkbox"/> Jazz Advanced 3     | <input type="checkbox"/> Hip Hop Intermediate 2 |
| <input type="checkbox"/> Jazz Junior 2     | <input type="checkbox"/> Jazz Solo Seal      | <input type="checkbox"/> Hip Hop Intermediate 3 |
| <input type="checkbox"/> Jazz Junior 3     | <input type="checkbox"/> Jazz Adult Open     | <input type="checkbox"/> Hip Hop Advanced 1     |
| <input type="checkbox"/> Jazz Elementary 1 | <input type="checkbox"/> Hip Hop B-Bop       | <input type="checkbox"/> Hip Hop Advanced 2     |
| <input type="checkbox"/> Jazz Elementary 2 | <input type="checkbox"/> Hip Hop Intro 1     | <input type="checkbox"/> Hip Hop Advanced 3     |
| <input type="checkbox"/> Jazz Elementary 3 | <input type="checkbox"/> Hip Hop Intro 2     | <input type="checkbox"/> Hip Hop Adult Open     |

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

**Please fax completed form to: +852 2643 9688**