

7 Cities Ballroom

New Student Registration Form

Name(s): _____

Address: _____

Phone: _____

Email: _____

Have you taken ballroom/latin dance lessons before? Yes No

If yes, please give a brief history: _____

What dances are you currently interested in learning?

Waltz Rumba Cha Cha Hustle

Tango EC Swing WC Swing Meregue

Foxtrot Salsa Mambo Shag

Other(s) _____

How did you hear about us?

Friend/Family Referral

Web Search

Social Media

Newspaper Ad

