

# HĀLAU MAKANA LANI

## STUDENT ENROLLMENT FORM

Name:

Address:

DOB:

Age:

Gender:

Home No:

Cell No:

Email:

Notify in case of emergency:

Spouses Name:

Cell No:

And/Or Name:

Home No:

Cell No:

Relationship:

Have you danced Hula before? \_\_\_\_\_

If yes, list former group, location and for how long? \_\_\_\_\_

What is your Hawaiian name, if any? \_\_\_\_\_

Do you have any physical limitations or medical conditions that we should be aware of? \_\_\_\_\_

Signature

Date

I warrant that the information I provided is true, correct and to the best of my knowledge.