

**New Zealand Ballroom Dance Council
NZBDC – AMATEUR TEACHING APPLICATION FORM**

Amateur Adult Teaching

Name of Registered Amateur _____ Registration # _____
(Applicant must be a Registered 'Amateur Adult' with the NZBDC)

Mail Address _____

Email Address _____

Name of Sponsor _____ Registration # _____
(Sponsor must be a Registered & Qualified Professional with the NZBDC)

Name of Sponsors Studio _____

Location of Studio _____

Enclosed: \$50 yearly registration fee to NZBDC – 1 January to 31 December, or part thereof.

We, the undersigned understand and agree to abide by the rules of the NZBDC

Signed by Amateur

Signed by Professional Sponsor

Please forward this signed form, with your payment to:

The Finance Secretary
NZBDC
P O Box 301317
Albany 0752

Direct Credit Payments can be made to NZBDC – ANZ – 06 0266 0177831 01
Or
Please make cheques payable to the NZBDC