ACADEMY OF DANCE VICTORIA

UNIFORM ORDER FORM

Date _____/_____/_____

Parent Name: _____

Student Name:_____

Level/Class: _____

Mobile: _____

Email: _____

ITEM	COLOUR	SIZE	QTY	PRICE
			TOTAL	

Office Use

Date Collected _____/_____/_____

Staff Sign_____

Date Paid_____/_____/_____

Credit Card Direct Deposit

(circle payment method)