

DESTINY PERFORMING ARTS & LEARNING ACADEMY
TOUR FORM

Primary Contact Information

Mother Name: _____ Phone: _____ Email: _____

Father Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Current School Information

School Name: _____ Phone: _____

School Address: _____

Principle: _____

Students Information

Name of Child(ren) that you want to enroll

Name _____ Age: _____ Grade: _____

What Academics Performances is the student or students interested in? Please choose all that apply.

Guitar _____ Saxophone _____ Dance _____ Piano _____ Drum _____ Singing _____

Other: _____

Time of Tour

What time do you want to schedule your tour here at Destiny Performing Arts & Learning Academy?

Times Available Mon-Fri 8am- 5pm

IMPORTANT PLEASE READ!!!! Please download form and email it to dci93534@gmail.com