

# Dance **plosion**

## ABC DX CLUB

Parent Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

DANCER(S) NAMES: (Please print clearly)

AGE

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_



Total Amount Due: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Payment Date: \_\_\_\_\_

SEPTEMBER 14 – NOVEMBER 18  
10 WEEK RATE = \$600  
*\*Bag included and provided by DX*

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