

THE DXP TRAINING INTENSIVE

Parent Name: _____

Phone Number: _____

Email: _____



Dancer(s) Names (Please Print Clearly) AGE BIRTHDATE

1. _____ _____ ____/____/____

2. _____ _____ ____/____/____

Mini	<input type="checkbox"/>
Junior	<input type="checkbox"/>
Intermediate	<input type="checkbox"/>
Teen/Senior	<input type="checkbox"/>

5 WEEK SESSION: \$400

Dancer Fees: \$ _____

1401 W Lake Street | Addison, IL 60101 (630)295-8970
dx@dancexplosiondancers.com