

THE COMPANY INTENSIVE

Parent Name: _____

Phone Number: _____

Email: _____



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

1. _____ _____ ____/____/____

2. _____ _____ ____/____/____

Beginner	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>
Petite	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>
Mini	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>
Junior	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>
Intermediate	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>
Senior	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>

RATES	
1 week	\$300
2 weeks	\$500

****If attending both weeks, please check Week 1 and Week 2.**

Dancer Fees: \$ _____

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 dx@dancexplosiondancers.com