

**DANCE NETWORK**  
1040 4 Mile Rd.  
Grand Rapids, MI 49544  
(616) 785-0155

**Registration Form**

Student name: \_\_\_\_\_

School district: \_\_\_\_\_

Student age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

In case of an emergency contact: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Dance Experience: \_\_\_\_\_

Class day and time: \_\_\_\_\_

Allergies or Restrictions: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_