



1940 E. North Street, Suite C
Crown Point, IN 46307
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REGISTRATION FORM

Last Name: _____ First Name: _____ Age: _____ DOB: ____/____/____

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

Phone: (____) _____ Email: _____

Parents/Guardian Name: _____ Phone Work: (____) _____

Email: _____ Phone Cell: (____) _____

School: _____ Location: _____ Grade: _____

Previous dance instruction (School/Studio): _____ Years: _____

NOTES: _____

Food or other allergies _____

Registration Fee \$25.00 per year Date to renew _____

Class #1: _____

Class #2: _____

Class #3: _____

Class #4: _____

Unlimited Dance _____

monthly rate _____

credit card on file _____

code _____ expiration date _____

Industrialize the Revolution