

Kim Hohman's DanceWorks

11199 Van Wert-Decatur Rd.

Van Wert, OH 45891

419-232-6505

Application for Kim Hohman's DanceWorks.

Please return with registration fee. Application is not valid without completed Emergency Medical Authorization form and Assumption of Risks and Release form.

Registration fee \$20.00 per dancer/\$35 per family.

PLEASE USE ONE APPLICATION PER DANCER.

Student's Name _____

Parent's Name _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Age _____

Grade _____ (2011-12 school year) Birthdate _____

E-mail _____

Emergency Contact Person _____

Emergency Phone _____

This will be my _____ year of Dance with Kim Hohman's DanceWorks, as of the 2011-2012 season.

Have you had previous dance experience other than with Kim Hohman's DanceWorks? _____

If yes, how many years? _____

**Please send application, attached forms, and registration fee to:
Kim Hohman's DanceWorks, 11199 Van Wert-Decatur Rd. Van Wert, OH 45891**

FOR OFFICE USE ONLY: Date Received _____ Payment _____