

Michigan Dance Challenge



Studio: _____ Email: _____
Address: _____ Phone# _____
City: _____ State: _____ Zip _____ Fax # _____
Contact Name: _____

HOTEL ACCOMIDATIONS

	First and Last Name	Type of PKG	Date of Arrival	Date of Departure	Type of Room
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Michigan Dance Challenge
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markbrock@comcast.net / www.michigandancechallenge.com

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