## REGISTRATION FORM COUPLES' DANCE WEEKEND March 25-27, 2022

Gentleman's first and last name:	Lady's first and last name:
	/
Indicate dance level:BeginnerIr	ntermediate
Full mailing address: Street:	
City:	_ State: Zip:
Day phone:	Evening:
E-mail address/es:	
Final payment of \$479.00 due by February 2  Amount of deposit sent with this form: \$	
REVISED on 1/10/22: <u>Cancellation Notice/Refund Policy:</u> At least 8 days notice or more prior to Marc Less than 8 days notice prior to March 25, 2 Notice of 72 hours or less prior to March 25	2022: 50% refund.
PLEASE MAKE CHECK OUT & MAIL PA	AYMENT ALONG WITH THIS FORM TO:
Brookfield Ballroom LLC	

Brookfield, WI 53005