



Michigan Dance Challenge

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

SHOWCASE SCHOLARSHIP

	Teacher	DANCE	LEVEL
1	Student		
2			
3			
4			
5			
6			
7			
8			
9			
10			

Michigan Dance Challenge
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TENTATIVE DEADLINE – MARCH 10