Broadway Bound Dance Centre

APPLICATION FOR USE

The information you provide in this application will be used to determine if space is available for rent. Please allow 2 business days for a response. Subject to availability

PLEASE COMPLETE AND FOLLOW RETURN OPTIONS BELOW

1. Organ	nization or Company Name
Mailing Address:	
City, State, Zip	
Contact Person:	
Contact Phon	e #:
Contact email:	
2. Reque	ested Day(s) & Times:
3. Business Type:	
	Application Return Options: All correspondence should be made to the attention of: Chrissy Danflous
Mail:	Broadway Bound Dance Centre Attn: Chrissy Danflous 6701 Bevelhymer Road, New Albany, OH 43054
E-mail: Chrissy@bbdc-dance.com (please attach document if using this method)	
Fax:	614-855-7714 (no cover sheet necessary)
Requested By: Date:	