



# Studio Summary Form

Studio: \_\_\_\_\_ Local? (<50mi) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name & PRO or AM	Package & Price	General Adm. & Meals Total	Workshops #_@\$_	Solos #_@\$_	Adult Pro/Am				Junior Pro/Am			Amateur		Programs #_@\$_	Total Amount per Person
					Fstyles #_@\$_	Bronze or Silver Multi #_@\$_	DSS, 9 or 10 Dance Multi #_@\$_	Schol #_@\$_	Fstyles #_@\$_	Multi Dance #_@\$_	Schol #_@\$_	Fstyles #_@\$_	Multi Dance #_@\$_		
John Smith/AM															
<b>TOTAL</b>															

Make checks payable to: **Cleveland Dancesport Challenge**

**Total Amount Due:** \$ \_\_\_\_\_