



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															
TOTAL															

Make checks payable to: **Cleveland Dancesport Challenge**
After the Deadline, Cashier's Check or Money Order is required

Total Amount Due: \$ _____