



# Individual General Admission and Meals Order Form

Studio: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

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

Dancer Name	Thursday			Friday			Saturday				Total # Tickets	Total Amount Due	
	# of Tickets Day @\$_	# of Tickets Evening Session@\$_	# of Tickets Dinner @\$_	# of Tickets Day Session@\$_	# of Tickets Evening Session@\$_	# of Tickets Dinner @\$_	# of Tickets Evening Session@\$_	# of Tickets Dinner @\$_	Non Pkg After Party @\$_				
e.g. John Smith													
<b>Total # tickets &amp; \$00</b>													

Cleveland Dancesport Challenge, P.O. Box 22272, Beachwood, OH 44122  
 216.577.8280 (ph) 888.779.3735 (fax) info@clevelanddancesport.com  
**DEADLINE: August 23, 2019**