



Studio Summary Form

Studio: _____ 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 #_@\$_		
John Smith/AM														
TOTAL														

Payment by Cashier's Check, Money Order or Credit Card is Required Total Amount Due: \$ _____
 Call to Pay by **Credit Card** (3% fee)

Make Cashier's Checks/Money Orders payable to: **Cleveland Dancesport Challenge**