



Studio Summary Form

Studio: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Name & PRO or AM	Package & Price	General Adm. & Meals Total	Solos #_@ \$_	Adult Pro/Am				Junior Pro/Am			Amateur		Has Credit or Voucher?	Total Amount per Person
				Fstyles #_@ \$_	Closed or 6 Dance Multi #_@ \$_	Open, 9 or 10 Dance Multi #_@ \$_	Schol #_@ \$_	Fstyles #_@ \$_	Multi Dance #_@ \$_	Schol #_@ \$_	Fstyles #_@ \$_	Multi Dance #_@ \$_		
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 Checks/Money Orders payable to: **Cleveland Dancesport Challenge**