Individual General Admission and Meals Order Form

Studio: _____ Contact Person: _____

Address/City: _____ State: _____ Zip:_____

Phone: (_____) _____ Email: _____

Dancer or Spectator Name	Thursday			Friday			Saturday				Comments	Total Amount Due
	# of Tickets **Day** Session @$_	# of Tickets **Evening** Session@$_	# of Tickets **Eve+Dinner**@$_	# of Tickets **Day** Session@$_	# of Tickets **Evening** Session@$_	# of Tickets **Eve+Dinner** @$_	# of Tickets **Day** Session@$_	# of Tickets **Evening** Session@$_	# of Tickets **Eve+Dinner** @$_	Non Pkg **After Party** @$_		
e.g. John Smith												

Other items? (examples - Workshops, Junior Meals)

Cleveland Dancesport Challenge, P.O. Box 22272, Beachwood, OH 44122
216.577.8280 (cell) 888.779.3735 (fax) info@clevelanddancesport.com

DEADLINE: August 22, 2025

Submit Form

(Optional) Press to Email through Acrobat