



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		Value of DSS or DCT Voucher(s)	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														

Payment by Cashier's Check, Money Order or Credit Card is Required

Call to Pay by **Credit Card** (4% fee)

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

Total Amount Due: \$ _____

Submit Form

(Optional) Press to Email through Acrobat

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

To Be Respectful to the Sport, the Dress Code is:
Day Sessions & Thursday Evening (Nice Casual)
Friday & Saturday Evening (Dressy Casual/Semi-Formal)
Thank You Guests & Competitors!