



# Studio Summary Form

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name & Pro or AM	Package & price	General Adm. Total	Pro/Am Freestyles # @ \$	Pro/Am 3 Dance Division # @ \$	Solos & Dancesport Series \$ @ \$	Junior Entries Fstyles # @ \$ 3Dance or Schol # @ \$	Adult Scholarship Pro/Am # @ \$	Amateur Freestyles # @ \$ MultiDance # @ \$	Global Scholarships # @ \$	Non Package Prograns # @ \$	Total Amount per Person
John Smith/AM											
<b>TOTAL</b>											

Make checks payable to: **Cleveland DanceSport Challenge** Total Amount Due: \$ \_\_\_\_\_