CLEVELAND DANCESPORT CHALLENGE

Hotel Accommodations Form

Studio: _____ Contact Person: _____

Address/City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax #: (_____) _____-_____

Student Name	Package A - B - none	Arrival Date	Departure Date	Single or Double	Pro or Amateur	Office use only
e.g. John Smith	A	21-Sep	25-Sep	dbl	AM	
Total rooms needed:	**double:**		**single:**			

In order to receive special event room rate reserve rooms through organizer!