MIXED AMATEUR & STUDENT/STUDENT ACCOUNTING FORM

Contact Name: Studio Name:

Address: City: State: Zip:

Phone: Email:

FULL NAME	SINGLE DANCES	SOLOS	CHAMPIONSHIPS	9-DANCE & 10-DANCE CHAMPIONSHIPS	PACKAGE TOTAL	TOTAL FROM TICKET ORDER FORM	TOTAL

GRAND TOTAL $

PAYMENT MUST ACCOMPANY THIS FORM

Please make check or money order payable to:

MARYLAND DANCESPORT
PO Box 765 - Irmo, SC 29063
Phone/Text: (215) 805-2213
Fax: (803) 401-5567
marylanddancesport@gmail.com