



PRO-AM ACCOUNTING FORM

Contact Name: _____ Studio Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

FULL NAME	PLEASE CIRCLE	ADULT PRO-AM SINGLE DANCES	JUNIOR PRO-AM SINGLE DANCES	SOLOS	CHAMPIONSHIPS	9-DANCE & 10-DANCE CHAMPIONSHIPS	DANCESPORT SERIES EVENTS	SCHOLARSHIPS	PACKAGE	TICKET ORDER FORM	TOTAL
	PRO AM										
	PRO AM										
	PRO AM										
	PRO AM										
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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
E-Mail: marylanddancesport@gmail.com

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