



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