

## 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	BRONZE EVENTS	SILVER EVENTS	GOLD & OPEN EVENTS	9-DANCE & 10-DANCE EVENTS	PACKAGE	TICKET ORDER FORM	TOTAL
	PRO	DANCES	DANCES	30203	LVENTS	EVENIS	EVENIS	LVENIS	FACKAGE	ТОКН	TOTAL
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## PAYMENT MUST ACCOMPANY THIS FORM

Please make check or money order payable to:

MARYLAND DANCESPORT, LLC 3409 Silver Maple Place, Falls Church, VA 22042 Phone/Text: (732) 309-6352 E-Mail: marylanddancesport@gmail.com \$