



Volunteer State Dance Challenge - Entry fee includes admission to the ballroom For Teacher and Student

Global Dancesport Series

Studio: _____ Email: _____

Address: _____ Phone# _____

City: _____ State: _____ Zip _____ Fax # _____

Contact Name: _____

1	FULL NAME (One name per line, list roommates on consecutive lines)	Room Type:	Pkg Type and Cost	Gen Adm.	Ex Night Date/Cost	Freestyle Entries	Multi Dance	Solo Exhib.	Scholar. CL #_@\$. OP #_@\$. Jr. @\$	Pro Entries/ Amateur Entries	Global Scholar. #_@\$	Total Per Person
		S-sgl D-dbl	ex:A/\$0.	Total	@\$0.00 Per Night	#_@\$00. Jr. @\$00.	CL #_@\$. OP #_@\$.	Entries #_@\$.	Entries #_@\$.			
2												
3												
4												
5												
6												

Please send cashier's check or money order Payable to:

Vol. St. Dance Challenge

816 Tintern Abbott ct

Nashville, TN 37211

Group rates end July 10th

TOTAL BALANCE _____

CREDITS _____

GRAND TOTAL _____