



# Volunteer State Dance Challenge

Studio: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name: \_\_\_\_\_

FULL NAME (One name per line, list roommates on consecutive lines)	Room Type: S-sgl D-dbl	Pkg Type and Cost ex:A/\$.	Gen Adm. Total	Ex Night Date/Cost @\$170.00 Per Night	Freestyle Entries #__@\$00. Jr. @\$15.	Multi Dance CL #__@\$. OP #__@\$.	Solo Exhib. Entries #__@\$.	Scholar. CL #__@\$. OP #__@\$. Jr. @\$	Pro Entries/ Amateur Entries	Global Scholar. #__@\$	Total Per Person
1											
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  
**Deadline for Entries July 7, 2010**

TOTAL BALANCE \_\_\_\_\_  
 CREDITS \_\_\_\_\_  
 GRAND TOTAL \_\_\_\_\_