

Volunteer State Dance Challenge



Studio: _____ Email: _____

Address: _____ Phone# _____

City: _____ State: _____ Zip _____ Fax # _____

Contact Name: _____

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

No Deadlines-Group rates end July 20th

TOTAL BALANCE _____

CREDITS _____

GRAND TOTAL _____