



# 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)	Pkg Type and Cost ex:A/\$0.	Gen Adm. Total	Freestyle Entries #__@\$00. Jr. @\$00.	Multi Dance CL #__@\$. OP #__@\$.	Solo Scholar. Entries #__@\$.	Scholar CL #__@\$. OP #__@\$. Jr. @ \$	Global Scholar #__@\$	Pro Entries/ Amateur Entries	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

**Group rates end July 5<sup>th</sup>**

TOTAL BALANCE \_\_\_\_\_

CREDITS \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_