



# 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 Schol. 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 10<sup>th</sup>

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

CREDITS \_\_\_\_\_

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