



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 5th

TOTAL BALANCE _____

CREDITS _____

GRAND TOTAL _____