

Michigan 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 @\$00 Per Night	Freestyle Entries #__@\$30. Jr. @\$15.	Multi Dance CL # __@\$45. OP # __@\$60.	Solo Exhib. Entries #__@\$50.	Scholar. CL # __@\$60. OP # __@\$80. Jr. @ \$45.	Pro Entries/ Amateur Entries	Global Scholar. #__@\$100	Total Per Person
1											
2											
3											
4											
5											
6											

Please send cashier's check or money order
 Payable to: Michigan Dance Challenge
 7874 Country Club Rd – Athens, OH 45701

TOTAL BALANCE _____

CREDITS _____

Deadline for Entries March 5, 2010

BALANCE _____

Michigan Dance Challenge



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 Address: _____ Phone# _____
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FULL NAME (One name per line, list roommates on consecutive lines)	Room Type:	Pkg Type and Cost	Gen Adm.	Ex Night Date/Cost	Freestyle Entries	Multi Dance	Solo Exhib.	Scholar.	Pro	Global	Total Per
	S-sgl	ex:A/\$.	Total	@\$.00	#__@\$30.	CL # __@\$45.	Entries	CL # __@\$60.	Entries/ Amateur	Scholar. # __@\$100	Person
	D-dbl			Per Night	Jr. @\$15.	OP # __@\$60.	# __@\$50.	Jr. @ \$45.	Entries		
7											
8											
9											
10											
11											
12											

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