

2018 Michigan 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/\$.	Gen Adm. Total	Freestyle Entries #__@\$ Jr. @\$	Multi Dance CL #__@\$ OP #__@\$	Solo Exhib. Entries #__@\$	Scholar. CL #__@ OP #__@ Jr. @\$	Pro Entries/ Amateur Entries	Global Scholar. #__@\$	Total Per Person
1									
2									
3									
4									
5									
6									

Please send cashier's check or money order
 Payable to: Michigan Dance Challenge
 801 Polaris Pkwy, #417, Columbus, OH 43240

TOTAL BALANCE _____

CREDITS _____

Tentative Deadline – March 26, 2018 We will accept late entries, but please turn in ASAP

BALANCE _____

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7									
8									
9									
10									
11									
12									

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