

Competitor Accounting Form



Contact Name: _____ Studio Name: _____
 Address: _____ City: _____ State: _____
 Phone: _____ Email: _____

| FULL NAME | PLEASE CIRCLE | ADULT PRO-AM SINGLE DANCES | JUNIOR SINGLE DANCES | SOLOS | OPEN SOCIAL 3-DANCE EVENTS | SCHOLARSHIPS | PACKAGE ORDER A or B | TOTAL |
|-----------|------------------|-------------------------------------|----------------------------|-------|-------------------------------|--------------|-------------------------|-------|
| | | | | | 2 & 3 DANCE CHAMPIONSHIPS | | | |
| | PRO AM | | | | | | | |
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PAYMENT MUST ACCOMPANY THIS FORM

Please make check or money order payable to:

DESERT SOL DANCESPORT, LLC

3721 W. Linda Ln
 Chandler, AZ 85226

GRAND TOTAL \$ _____

Evening Session Ticket Form

If you already purchased a package you do not need to fill out an evening session ticket form



Contact Name: _____ Studio Name: _____
Address: _____ City: _____ State: _____
Phone: _____ Email: _____

Full Name

Evening Ticket \$40
No Dinner

Evening Ticket \$80
Dinner and Show

Evening Ticket \$150 - Dinner and
Show, Reserved VIP Seating

| Full Name | Evening Ticket \$40 No Dinner | Evening Ticket \$80 Dinner and Show | Evening Ticket \$150 - Dinner and Show, Reserved VIP Seating |
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PAYMENT MUST ACCOMPANY THIS FORM

Please make check or money order payable to:

DESERT SOL DANCESPORT, LLC

3721 W. Linda Ln
Chandler, AZ 85226

Grand Total: _____

Please indicate if you would like to sit at a studio table by stating the Studio Name above