

MICHIGAN DANCE CHALLENGE- REGISTRATION FORM

STUDIO _____ ATTN _____ ADDRESS _____
 PHONE _____ - _____ FAX _____ - _____ E-MAIL _____ CITY, STATE, ZIP _____

PLEASE PRINT OR TYPE

#	FULL NAME (one name per line, list roommates on consecutive lines)	Room Type: S-sgl D-dbl	Pkg Type and Cost ex:A/\$.	Ex.Night Date/Cost @\$150.00 Per Night	Freestyle Entries #_@\$30. #_@\$35.	Multi Dance #_@\$45. #_@\$60.	Solo Exhib. Entries #_@\$50.	Scholar. Entries #_@\$60. #_@\$80.	Amateur Entries #_@ =	Global Scholar. #_@\$100	Total Per Person
1											
2											
3											
4											
5											
6											
7											
8											

Please send cashier's check or money order
 Payable to Michigan Dance Challenge, and mail to:
 P.O. Box 2177
 Royal Oak, MI 48068
 Deadline for Entries March 5, 2008

TOTAL FROM BACK PAGE _____
 GRAND TOTAL _____

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