

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-ssl D-dbl	Pkg Type and Cost ex:A/\$.	Gen Adm. Total	Ex Night Date/Cost @\$ Per Night	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
 7874 Country Club Rd – Athens, OH 45701

TOTAL BALANCE _____
 CREDITS _____
 BALANCE _____

Tentative Deadline – March 10 We will accept late entries, but please turn in ASAP

Michigan Dance Challenge



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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	Freestyle	Multi	Solo	Scholar.	Pro	Global	Total Per
		S-sgl	ex:A/\$.	Total	Date/Cost	Entries	Dance	Exhib.	CL #_@\$	Entries/	Scholar.	Person
		D-dbl			@\$.00	#_@\$	CL #_@\$	Entries	OP #_@\$	Amateur	#_@\$	
7					Per Night	Jr. @\$	OP #_@\$	#_@\$	Jr. @\$	Entries		
8												
9												
10												
11												
12												

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