

Desert Classic Dancesport Championships - Accounting Summary Sheet

Studio/Name: _____ **Phone/Fax:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Contact/Manager: _____ **Email:** _____

FULL NAME (ONE NAME PER LINE)	ARRIVAL DATE MM/DD/YYYY	DEPARTURE DATE MM/DD/YYYY	SINGLE (S) or DOUBLE (D)	PRO PRO/ AM AM JU	PACKAGES TYPE & PRICE NON PACKAGE MEAL		SOLO ENTRIES		FREESTYLES & ONE-DANCE ENTRIES		MULTI-DANCE ENTRIES		SCHOLARSHIP ENTRIES		TOTAL PER PERSON	SPECIAL NOTES		
					TYPE	TOTAL \$	# ENTRIES	TOTAL \$	# ENTRIES	TOTAL \$	# ENTRIES	TOTAL \$	# ENTRIES	TOTAL \$				
TOTALS:						\$		#		\$		#		\$		#		\$

PLEASE USE ADDITIONAL PAGES IF NEEDED

PAYMENT (please circle) **CHECK** **MONEY ORDER** **M/C** **VISA** **AM/EX**
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone: () _____ Fax: () _____
 Credit Card # _____ Expiration Date _____

Customer Signature _____ (Note: A 4% Administration Fee will be charged for all payments made with a credit card.)

Please make checks payable and send to: **Desert Classic DanceSport Championships, P.O. Box 6057, Huntington Beach, CA 92615-6057**
Tel.:(714)536-0387 or (714) 316-8234 - Fax:(714)536-8797 www.DesertClassicDanceSportFestival.com - E-mail:isuvorov@aol.com