DCDC Accounting Summary Form

Studio Name _____ Contact Name:_____
Mailing Address_____ E-mail Address:_____
City/State/Zip _____ Studio Contact Phone #_____

Our hotel group rate is guaranteed until Sept. 05 . For hotel reservations visit our website DCDanceChallenge.com/hotel-information/

Date:_____

	ENTRIES						PACKAGES		ADMISSION		SPECTATOR		
Name	# SD	$	# 3D,4D,5D,SD	$	# SW, FO	$	A, B, C	$	D, E, F, G	$	H, I, A, P	$	Total $
~~Mrs. Example (on Pack)~~	~~40~~	~~1200~~	~~2 3D, 1 5D~~	~~175~~	~~1 SW~~	~~55~~	~~C~~	~~252~~					~~$1682~~
TOTAL													
CC, Late fees, Credits													
TOTAL													

Send forms and payments to: Forever Dancing LLC, 5818 Seminary Rd., Falls Church, VA, 22041. Fax: 703-824-3555, or email Jennifer@ForeverDancing.com. CC payments will have 5% processing fee added to total. Call for CC information. Entries processed after deadline will have $5/entry late entry processing fee. Cancellations prior to deadline will be accepted with doctor's note. Participant will receive full credit towards next year event. Refunds are optional for a cancellation fee of 10% of the participant total. No refunds after competition deadline. Partial credits may be offered at organizer discretion with doctor note.

I, _____ agree with the terms and cancellation policies described below. Deadline for entries: September 05.
Signature_____Date:_____