



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. 06 . For hotel reservations visit our website DCDanceChallenge.com/hotel-information/

Date: _____	ENTRIES						PACKAGES		ADMISSION			SPECTATOR		Total \$
Name	# SD	\$	# 3D,4D,5D,SD	\$	# SW, FO	\$	A, B, C	\$	D, E, F, G	\$	H, I, A, P	\$		
Mrs. Example (on Pack)	40	1200	2 3D, 1 5D	175	1 SW	55	C	269					\$1699	
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 06.
 Signature _____ Date: _____