



# DCDC Accounting Summary Form

Studio Name \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Studio Contact Phone # \_\_\_\_\_

For hotel reservations visit our website DCDanceChallenge.com. Entries Deadline: September 20. Discounted Packages Prices End September 05.

Date: \_\_\_\_\_

Name	ENTRIES						PACKAGES		ADMISSION		SPECTATOR		Total \$
	# SD	\$	# 3D,4D,5D,SD	\$	# SW, FO	\$	A, B, C	\$	D, E, F, G	\$	H, I, A, P	\$	
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, \_\_\_\_\_(name of person writing the check) agree with the terms and cancellation policies described below.  
 Signature \_\_\_\_\_Date: \_\_\_\_\_