

# DCDC Accounting Summary Form

Studio Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Studio Contact Phone#: \_\_\_\_\_

For hotel reservations visit [DCDanceChallenge.com](http://DCDanceChallenge.com). Entries Deadline: September 10th. Early Bird Discounted Packages Prices End Aug 27th .

Date: _____	ENTRIES						PACKAGES		ADMISSION		SPECTATOR		
Name	# S D	\$	#3D,4D ,5D	\$	#SW, FO, S	\$	A, B, C	\$	D, E, F	\$	H, I, P, AD	\$	Total \$
<b>TOTAL</b>													

Send forms and payments to: Forever Dancing LLC, 5818 Seminary Rd., Falls Church, VA, 22041, suite B; or entries by email to [Jennifer@ForeverDancing.com](mailto: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: \_\_\_\_\_