



PRO-AM & TEACHER- STUDENT ACCOUNTING FORM

Contact Name:

Studio Name:

Address:

City:

State:

Zip:

Phone:

Email:

FULL NAME	SINGLE DANCES	SOLOS	CHAMPIONSHIPS	9-DANCE & 10-DANCE CHAMPIONSHIPS	PACKAGE TOTAL	TOTAL FROM TICKET ORDER FORM	TOTAL

GRAND TOTAL \$

PAYMENT MUST ACCOMPANY THIS FORM

Please make check or money order payable to:

**Czech Dancesport Championships, LLC
1275 Providence Highway, Norwood MA 02062
Phone/Text: (401) 473-8331
info@czechdancesport.com**