



2021 Accounting Form (Note: See Packages & Prices document for a complete listing of fees.)

Studio: _____ Email: _____
 Address: _____ Phone# _____
 City: _____ State: _____ Zip _____ Fax # _____
 Contact Name: _____

Please circle below the number of competitive students/studio size.

Small (1-2 students) Medium (3-6 students) Large (7 or more students)

#	FULL NAME <small>(One name per line, list roommates on consecutive lines.)</small>	Registration Fee	Spectator Fee <small>Please order by Aug. 7, 2021</small>	Freestyle Entries <small>#__@\$ Jr. @\$</small>	Multi Dance <small>CL #__@\$ OP #__@\$</small>	Solo Exhib Entries <small>#__@\$</small>	Formation Exhib. Entries <small>#__@\$</small>	Scholar <small>CL #__@\$ OP #__@\$</small>	Pro Entries/ Amater entries	Total Per Person
1										
2										
3										
4										
5										

Please send cashier's check or money order
 Payable to **CBC Dancesport**, and mail to:
 801 Polaris Pkwy, #417
 Columbus, OH 43240

TOTAL BALANCE _____

CREDITS _____

GRAND TOTAL _____