



Savannah Dance Classic - The SDC

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

HOTEL ACCOMIDATIONS

	First and Last Name	Type of PKG	Date of Arrival	Date of Departure	Type of Room
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					