

Savannah Dance Classic – The SDC



Studio: _____ Email: _____

Address: _____ Phone# _____

City: _____ State: _____ Zip _____ Fax # _____

Contact Name: _____

	FULL NAME (One name per line, list roommates on consecutive lines)	Room Type: S-sgl D-dbl	Pkg Type and Cost ex:A/\$000	Gen Adm. Total	Ex Night Date/Cost @\$0.00 Per Night	Freestyle Entries #__@\$ Jr. @\$	Multi Dance CL #__@\$ OP #__@\$	Solo Exhib. Entries #__@\$.	Scholar. CL #__@\$ OP #__@\$	Pro Entries/ Amateur Entries	Total Per Person
1											
2											
3											
4											
5											
6											

Please send cashier's check or money order
 Payable to **Savannah Dance Classic**, and mail to:
 801 Polaris Pkwy., Apt. 417
 Columbus, OH 43240
Deadline – MAY 15

TOTAL BALANCE _____
 CREDITS _____
 GRAND TOTAL _____