ASHEVILLE DANCE CLASSIC

STUDIO ACCOUNTING FORM

STUDIO NAME ______________________ CONTACT PERSON: ______________________

STUDIO ADDRESS: ______________________ CITY: ______________ STATE: __________ ZIP: ________

STUDIO PHONE: ______________________ EMAIL: ______________________

Participant Full Name	Pro/ Am	Package Total	Single Dance Total	Multi Dance Total	Solo Total	Master Class	Friday Eve Spec	Sat Day Spec	Sat Lunch	Sat Eve Spec & Dinner	Saturday Eve Show Only	Person Total