UDC
ULTIMATE DANCESPORT CHALLENGE

GENERAL ACCOUNTING FORM

Studio Size - (Number of competing Students)
Small Studio (1-2) _____
Medium Studio (3-5) _____
Large Studio (6+) _____

Studio Name _____ Contact Person _____ Tel _____ Email _____

Address _____ City State _____ Country _____ Zip _____

Full Name (One name per line)	Professional or Amateur	**Package** Type & Cost	Double or Single Room*	**Single Dance Entries** Number	Fees	**All Other Entries** Number	Fees	**Misc. Items**	**TOTAL PER PERSON**

Grand Total: _____ **Deposit:** _____ **Balance Due:** _____

* Add the Name of the Roommate in the line below if you select a double room.

EARLY REGISTRATION DEADLINE August 12 | A fee of $50/couple will be applied to all entries submitted after August 12
Please Make Checks Payable To: ULTIMATE DANCESPORT CHALLENGE | Fax all forms and reservations to: (610) 884-7762
Mail to: Ultimate DanceSport Challenge –430 Walkertown Road, Exton, Pennsylvania 19341
WWW.ULTIMATEDANCESPORTCHALLENGE.COM| INFO@ULTIMATEDANCESPORTCHALLENGE.COM