UDC
ULTIMATE DANCESPORT CHALLENGE

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

# REGISTRATION & PACKAGE ACCOUNTING FORM

Studio Name _____ Contact Person _____ Tel _____ Email _____

Address _____ City/State _____ Country _____ Zip _____

| **Full Name** (One name per line, list roommates on consecutive lines.) | **Professional or Amateur** | | **Package** cost | | **Single Dance Entries** Number | Fees | **All Other Entries** Number | Fees | **TOTAL PER PERSON** |
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**Grand Total:** _____

**Deposit:** _____

**Balance Due:** _____

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