



PRO-AM ACCOUNTING FORM

Contact Name: _____ Studio Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

FULL NAME	PLEASE CIRCLE	ADULT PRO-AM SINGLE DANCES	JUNIOR PRO-AM SINGLE DANCES	SOLOS	3-DANCE CHAMPIONSHIPS	4-DANCE CHAMPIONSHIPS	5-DANCE CHAMPIONSHIPS	6, 9 & 10 DANCE CHAMPIONSHIPS	SCHOLARSHIPS	PACKAGES	TOTAL FROM TICKET ORDER FORM	TOTAL
	PRO											
	AM											
	PRO											
	AM											
	PRO											
	AM											
	PRO											
	AM											
	PRO											
	AM											
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	PRO											
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PAYMENT MUST ACCOMPANY THIS FORM

Please make check or money order payable to:

AMERICAN STAR BALL
111 Freestone Drive - Irmo, SC 29063
Phone/Text: (215) 805-2213 / Fax: (803) 401-5567
americanstarball@gmail.com

GRAND TOTAL \$ _____