



MIXED-AMATEUR & STUDENT/STUDENT ACCOUNTING FORM

Contact Name: _____ Studio Name: _____

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

Phone: _____ Email: _____

FULL NAME	PLEASE CIRCLE	SINGLE DANCES	SOLOS	NIGHTCLUB & BRONZE CHAMPIONSHIPS	SILVER CHAMPIONSHIPS	GOLD & OPEN CHAMPIONSHIPS	6, 9 & 10 DANCE CHAMPIONSHIPS	PACKAGES	TOTAL FROM TICKET ORDER FORM	TOTAL
	TEACHER STUDENT									
	TEACHER STUDENT									
	TEACHER STUDENT									
	TEACHER STUDENT									
	TEACHER STUDENT									
	TEACHER STUDENT									
	TEACHER STUDENT									
	TEACHER STUDENT									
	TEACHER STUDENT									
	TEACHER STUDENT									

PAYMENT MUST ACCOMPANY THIS FORM

Please make check or money order payable to:

AMERICAN STAR BALL
421 E Lancaster Ave, Apt A8 - Wayne, PA 19087
Phone/Text: (215) 805-2213
americanstarball@gmail.com

TOTAL \$ _____