



# 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 \$** \_\_\_\_\_