



Summary Form

Studio: _____

Contact: _____

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

Email: _____ Phone: _____ Fax: _____

Please Print Complete Name	Package Type & Cost	Elite Tasting Tour	Dance Workshops	Gen. Adm totals (Use ticket form)	Singles entries # ___@\$_	Multi Dance Champs & Scholarships # ___@\$_	Solos/ Formations # ___@\$_	Pro Entries # ___@\$_ Amateur # ___@\$_	Late Fees & Misc.	Total Per Person
Total:										

For the Early Bird pricing, please submit entries prior to **Registration Deadline - September 15!*
 Send completed forms with payment to: **Elite DanceSport, 325 Lexington St, San Francisco, CA 94110.**
 For more information: **Phone: 415-240-8926 Fax: 415-520-5999 Email: ava@elitedancesport.com**

