Atlanta Open

ACCOUNTING SUMMARY FORM

Studio Name: _____ Primary Contact: _____ Phone/Cell: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Deadline for entries: April 22, 2018

Full Name	Pro/ Am	Packages Type and Cost		Single Dances		Multi-Dance Events		Other Entries & Credits (Please describe type/cost)	TOTAL per person
		Type	Cost	Qty	Cost	List Events	Cost		

Make checks payable to Atlanta Open & mail to:

Atlanta Open • **7227 Edenborough Ct** • Lancaster, OH 43130

Upon receiving your entries, along with your payment, we will email an invoice for your review.
Questions? Call 520 820-0900 or 740 969-2431. Email: atlopen@gmail.com

TOTAL: $