

ACCOUNTING SUMMARY FORM

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

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Deadline for entries: April 20, 2017

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		

TOTAL: \$ _____

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