



ACCOUNTING SUMMARY FORM

Studio Name: _____ Primary Contact: _____ Phone/Cell: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

Deadline for entries: April 22, 2019

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