*Atlanta Open*

# ACCOUNTING SUMMARY FORM

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

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

**Deadline for entries: April 22, 2021**

| Full Name | Pro/ Am | Packages Type and Cost | | Single Dances | | Multi-Dance Events | | Other Entriess (Please describe type/cost) | TOTAL per person |
|---|---|---|---|---|---|---|---|---|---|
| | | Type | Cost | Qty | Cost | List Events | Cost | | |
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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:** $