



CONSTITUTION STATE
DANCESPORT CHAMPIONSHIPS

PRO/AM ACCOUNTING FORM

Contact Name: _____ Studio Name: _____

Street Address _____ City/State/Zip _____

Phone: _____ E-mail: _____

Full Name	Pro or Am	Package Type & Price	Adult Pro/Am Single Dances	Junior Pro/Am Single Dances	Junior Pro/Am Multi Dance Events	Solos	Adult Pro/Am Closed Championships	Adult Pro/Am Open Championships	Adult Pro/Am Closed Schol-ships	Adult Pro/Am Open Schol-ships	Total from Ticket Form	TOTAL
GRAND TOTAL											\$	

Credit Card Authorization VISA Master Card American Express
 (A 3% administrative fee will be charged for all payments made with credit card)

Card# _____ Sec.Code: _____

Name on Card: _____ Expiration Date: _____

Address: _____

Signature: _____

ORGANIZERS: Evgeny Dyachenko & Inna Ivanenko
SEND ENTRIES & PAYMENTS TO: Constitution State Dancesport Championships
 116 Pheasant Ln, Newtown PA 18940
 (P) 215-882-8860 (F) 267-281-6371
 (E) contact@cspdancesport.com (W) www.cspdancesport.com