# Pro/Am Accounting Form

CONSTITUTION STATE
DANCESPORT CHAMPIONSHIPS

Contact Name:_____Studio Name:_____

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 Champi-onships | Adult Pro/Am Open Champi-onships | Adult Pro/Am Closed Schol-arships | Adult Pro/Am Open Schol-arships | Total from Ticket Form | TOTAL |
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| **GRAND TOTAL** | **$** |
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| **Credit Card Authorization** ☐ VISA ☐ Master Card ☐ American Express | |
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| 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@csdancesport.com **(W)** www.cscdancesport.com