

# PRO/AM ACCOUNTING FORM



**CONSTITUTION STATE**  
DANCESPORT CHAMPIONSHIPS

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 Scholarships	Adult Pro/Am Open Scholarships	Total from Ticket Form	TOTAL

**Credit Card Authorization**     VISA     Master Card     American Express  
 (A 3.5% administrative fee will be charged for all payments made with credit card)

Card#	Sec.Code:
Name on Card:	Expiration Date:
Address:	
Signature:	

<b>GRAND TOTAL</b>	\$
--------------------	----

**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](mailto:contact@csdancesport.com) **(W)** [www.csdancesport.com](http://www.csdancesport.com)