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Studio: _____
 Contact Person: _____
 Address: _____
 Phone: _____
 Email: _____

ACCOUNTING SUMMARY FORM (DEADLINE: August 17th, 2017)

FULL NAME <i>(please identify roommates)</i>	VIP PACKAGE	LOCAL VIP PACKAGE	DAY PACKAGE	JUNIOR & YOUTH PACKAGE	ENTRY FEES Adult: JR & YTH:	SOLO EXHIBITION SHOWCASE	ADULT SCHOLARSHIPS JR & YTH SCHOLARSHIP	CHAMPION'S 3 DANCE CHALLENGE JR & YTH CHAMPION'S 3 DANCE CHALLENGE	DAY TICKET No Lunch: With Lunch:	EVENING SESSION SAT & SUN No Dinner: With Dinner & Show:	EXTRAROOM	SEMINARS on Saturday	LATE FEE after 08/17/17	TOTAL
TOTAL														

MAKE CHECK PAYABLE TO: DST, PO Box 1674, Sarasota, FL 34230-1674.