



# MIXED AMATEUR & STUDENT/STUDENT ACCOUNTING FORM

Contact Name: \_\_\_\_\_ Studio Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FULL NAME	SINGLE DANCES	SOLOS	BRONZE EVENTS	SILVER EVENTS	GOLD & OPEN EVENTS	PACKAGE	TICKET ORDER FORM	TOTAL

**PAYMENT MUST ACCOMPANY THIS FORM**

Please make check or money order payable to:

**FANTASY BALL, LLC**  
 3409 Silver Maple Place, Falls Church, VA 22042  
 Phone/Text: (732) 309-6352 - (757) 295-7206  
 Email: info@fantasyball-dancesport.com

