



Pro/Am Accounting Form

Contact Name: _____ Studio Name: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

FULL NAME	PLEASE CIRCLE	PACKAGE LETTER & SINGLE/ DOUBLE	PACKAGE PRICE	ADULT PRO/AM SINGLE DANCES	JUNIOR PRO/AM SINGLE DANCES	SOLOS	MULTI-DANCES & WDSS	9-DANCE & 10-DANCE CHAMPIONSHIPS	SCHOLARSHIPS	TICKET ORDER FORM	TOTAL
	PRO AM	D or S									
	PRO AM	D or S									
	PRO AM	D or S									
	PRO AM	D or S									
	PRO AM	D or S									
	PRO AM	D or S									
	PRO AM	D or S									
	PRO AM	D or S									
	PRO AM	D or S									
	PRO AM	D or S									

Grand Total	\$
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ORGANIZER: Emil loukhnikov (P) 781-608-0190
 SEND ENTRIES & PAYMENTS TO: **Windy City Open**
 200 Wells Ave, Newton, MA 02459
REGISTRAR: Amanda Ashcraft (P) 612-281-4659 (F) 773-409-5345
 (E) windycityopen@gmail.com
 (W) www.thewindycityopen.com