# Studio Summary Form

Studio: _____

Address _____City _____ State: _____ Zip: _____

Phone: _____ FAX # _____

| Student Name | Pro or Am | Full Package | General Adm. | Closed/Open Freestyles | Closed/Open Scholarships | Multi-Dance Challenges | Solos/Showdce & 6 Dance Chal. | Pro/Am Superstars | Pro Worksh. | $ Total per person |
|---|---|---|---|---|---|---|---|---|---|---|
| e.g. John Smith | AM | Yes | | | | | | | | |
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| **TOTAL** | | | | | | | | | | |

Make checks payable to: **SDF**

**Total Amount Due:** **$** _____

Mail Payment to SDF Attn: Joe Locurto, 800 Miami Circle, Suite 140, Atlanta, GA 30324