Studio Summary Form

Studio: _____

Address _____City _____ State: _____ Zip: _____

Phone: _____ FAX # _____

Student Name	Pro or Am	Full Package	General Adm.	Closed/Open Freestyles	Closed/Open Sch/Showdce	Multi-Dance Challenges	Solo's and 6 Dance Chal.	Pro/Am Superstars	Pro Worksh.	$ Total per person
e.g. John Smith	AM	Yes								
TOTAL										

Make checks payable to: **GNC**

Total Amount Due: **$** _____