

# Nashville Ballroom Bash

Studio: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

	FULL NAME (One name per line, list roommates on consecutive lines)	Pkg Cost ex: A/\$000.	Gen Adm. Total	Freestyle Entries # _____@ \$0. Jr. @ \$0.	Multi Dance Cl # _____@ \$0. OP # _____@ \$0.	Solo Exhib. Entries # _____@ \$0.	Scholar. Cl # _____@ \$0. OP # _____@ \$0.	Total Per Person
1								
2								
3								
4								
5								
6								

TOTAL BALANCE \_\_\_\_\_

CREDITS \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

Please send cashier's check or money order  
 Payable to **Nashville Ballroom Bash**, and mail to:  
 3102A Wellington Ave  
 Nashville, TN 37212  
**Deadlines – Sept 19**