



Studio Summary Form



Name/Studio _____ Email _____

Address _____ Phone _____

City _____ State _____ Zip _____ Contact _____

Full Name Please PRINT	Packages Options VIP 2-Day 1-Day Thur Fri Sat	Admission Tickets	Single Dance Entries	Schol/ Multi Dance	9 & 10 Dance	Prof or Amateur Multi	Solos or Formation	Total Per Person	Office Use
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
TOTALS	\$	\$	\$	\$	\$	\$	\$	\$	

Special Requests:

Payment Options:

- Check made payable to: Colorado Star Ball, Inc
- Zelle: Send Payment to: info@coloradostarball.com
- PayPal: Expect email invoice from PayPal (4 %Fee)

Options:

- Fill in, save, attach & email info@coloradostarball.com
- Print and mail hard copy to: Richard Booth
2671 N Carnoustie Loop, Lecanto, FL 34461