

# Savannah Dance Classic – The SDC



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

1	FULL NAME (One name per line)	Pkg Type and Cost ex:A/\$000	Gen Adm. Total	Freestyle Entries # ___@\$_ Jr. @\$	Multi Dance CL # ___@\$_ OP # ___@\$_	Solo Exhib. Entries # ___@\$_.	Scholar. CL # ___@\$_ OP # ___@\$_	Pro Entries/ Amateur Entries	Total Per Person
1									
2									
3									
4									
5									
6									

Please send cashier's check or money order  
 Payable to **Savannah Dance Classic**, and mail to:  
 6951 Wynfield Drive  
 Blacklick, Ohio 43004  
**Deadline – MAY 3**

TOTAL BALANCE \_\_\_\_\_  
 CREDITS \_\_\_\_\_  
 GRAND TOTAL \_\_\_\_\_

# Savannah Dance Classic – The SDC



**SAVANNAH**  
DANCE CLASSIC

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

FULL NAME (One name per line)	Pkg Type and Cost ex: A\$500.	Gen Adm. Total	Freestyle Entries #_@\$. Jr. @\$.	Multi Dance CL #_@\$. OP #_@\$.	Solo Exhib. Entries #_@\$.	Scholar. CL #_@\$. OP #_@\$.	Pro Entries/ Amateur Entries	Total Per Person
7								
8								
9								
10								
11								
12								

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