

# Savannah Dance Classic – The SDC



Studio: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

# Savannah Dance Classic – The SDC

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

FULL NAME (One name per line)	Pkg Type and Cost ex: A/\$100.	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								

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

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