



ACCOUNTING FORM

Contact Name: _____

Studio Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

FULL NAME	Please Circle	Package Letter & Single/ Double	Package Price	Single Dances	Solos	Challenges & WDSS	6/9/10-Dance Challenges	Scholarships	Ticket Total	Total
	PRO AM	S or D								
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	PRO AM	S or D								
	PRO AM	S or D								
								Grand Total		

Please Make Checks Payable To: **KINGS BALL**
 Mail Entries & Payments to 10 La Jolla Court, Old Bridge, NJ 08857
 Phone: 410-825-5483 | Fax: 415-795-4333
 WWW.KINGSBALL.NET | KINGSBALLDANCE@GMAIL.COM