



# 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								
	PRO AM	S or D								
	PRO AM	S or D								
	PRO AM	S or D								
	PRO AM	S or D								
	PRO AM	S or D								
	PRO AM	S or D								
	PRO AM	S or D								
	PRO AM	S or D								
	PRO AM	S or D								
<b>Grand Total</b>										

Please Make Checks Payable To: **KINGS BALL**

Mail Entries & Payments to 1000 Schindler Dr., Apt 304, South Amboy, NJ 08879

Phone: 410-825-5483 | Fax: 415-795-4333

WWW.KINGSBALL.NET | KINGSBALLDANCE@GMAIL.COM