2024 California Chic Classic
SUMMARY FORM

Studio Name _____

Contact Name _____

Street _____ **Email Address:** _____

City, St, Zip _____ **Telephone/Fax:** _____

Participant Name	Package Type & Cost, Bed – Single or Double if w/hotel	Gala Dinner, #___@$____	Gala Dinner, Table___Seat___	Gen. Admission #___@$___	Single Dances #___@$___	Multi-Dance & Scholarships #____@$____	Adult Amateur #___@$___	Late Fees	Voucher Credit	Total per person