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REGIONAL DEPOSIT FORM 2016

STUDIO NAME:						
MAILING ADDRESS:						
ADDRESS:(street)				((town)	(zip)
DIRECTOR'SNAME: _						
EMAIL:						
STUDIO TELEPHONE:						
EVENT LOCATION:						
NUMBER OF ENTRIES	S:		_	NUMBER	OF DANCER	S:
	•	•	•	•	•	
NON-REFUNDABLE D	EPOSIT	: 20%	OR \$	500.00		
Please send studio che fill out below and either	mail, ca	II, or FAX	X to 781	-871-0606	s (secure).	•
All deposits will be conf	irmed. P	lease do	not se	nd CC info	rmation throu	gh email.
Name on Credit Card:						
Credit card number:						
Exp. Date:	Z	Zip code:			_ Amount: _	
Authorization:(signatu	re)					