



ADULT ACCOUNTING FORM

Contact Name: _____

Studio Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

FULL NAME	Please Circle	Go Wild Required Registration Fee \$100	Single Dances \$45	2-Dance Mult-Dance \$80	3-Dance Mult-Dance \$110	4-Dance Mult-Dance \$145	5-Dance Mult-Dance \$180	Scholarship	Formation Team \$155	Solo Grand Challenge Scholarship \$105	SNF Dance Theme Chall. \$205	Total
Early Pay \$:		\$95	\$40	\$75	\$105	\$140	\$175		\$150	\$100	\$200	
	PRO AM											
	PRO AM											
	PRO AM											
	PRO AM											
	PRO AM											
	PRO AM											
	PRO AM											
	PRO AM											
	PRO AM											
	PRO AM											
									Grand Total			

Note: For immediate accounting, please write your 3rd, 4th, or 5th scholarship entry in the 'Scholarship' column.
Your final invoice will include all entries.

Please Make Checks Payable To: GO WILD MINNEAPOLIS DANCESPORT
Mail Entries & Payments to 16585 China Berry Ct., Chino Hills, CA 91709 | Phone: 213-800-1180
www.GOWILDMPLSDANCESPORT.com | organizer@gowildmplsdancesport.com