2020 Riverfront Dancesport Festival – Summary Form

	Studio:				Ema	ail:					
	Address: Phone# City:										
	City: State: Zip Fax # Contact Name:										
	Contact Faine.										
	FULL NAME	Pkg Type	Gen	Spectator	Freestyle	Multi	Solo	Formation		Pro-Am	Total Per
	(One name per line, list roommates on consecutive lines.)	and Cost ex: <u>A</u> \$000	Adm. Total	Adm. Total	Entries #@\$	Dance CL #@\$	Exhib. Entries	Exhib. Entries	CL #@\$ OP #@\$	Entries/ Amateur	Person
	consecutive intes.)	ex. <u>A</u> \$000	Total	Total	#@\$ Jr. @\$	OP #@\$	# <u>_</u> @\$	#@\$	OF #@\$	Entries	
1											
2											
3											
4											
5											
I qua	alify for the Riverfront Pot of Gold prize money - slify for the Riverfront Top Teacher prize money willify for the Early Entry Rewards points with Entri	with s	students d	lancing a to	tal of	Scholarship	and/or Mu 1.	ılti-Dance (events.		
Please make check made payable to and mail to Riverfront Dancesport Festival 7227 Edenborough Court Lancaster, Ohio 43130 GRAND TOTA GRAND TOTA							ANCE				
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