

## WSDC ACCOUNTING SUMMARY

Studio Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_

Total Package E	Number of People _____	Total \$ _____
Total Package A	Number of People _____	Total \$ _____
Total Package B	Number of People _____	Total \$ _____
Total Package C	Number of People _____	Total \$ _____

Total Entries (package holders) \_\_\_\_\_  
 Solos \_\_\_\_\_ Single Dance \_\_\_\_\_ Championships \_\_\_\_\_ Scholarships \_\_\_\_\_ Formations \_\_\_\_\_

Non-Package  
 Number of People \_\_\_\_\_  
 Total Entries (non-package holders) \_\_\_\_\_ Total \$ \_\_\_\_\_  
 Solos \_\_\_\_\_ Single Dance \_\_\_\_\_ Championships \_\_\_\_\_ Scholarships \_\_\_\_\_ Formations \_\_\_\_\_

**Non-Package or Spectator tickets needed:**

Wednesday Evening	_____ @ \$20		Total \$ _____
Thursday Day	_____ @ \$20		Total \$ _____
Thursday Evening	_____ @ \$25		Total \$ _____
Friday Day	_____ @ \$20		Total \$ _____
Friday Evening	_____ @ \$30		Total \$ _____
Saturday Day	_____ @ \$20		Total \$ _____
Saturday Dinner, Dance/Show	_____ @ \$100		Total \$ _____
First Row Riser	_____ @ \$60	_____ @50	Total \$ _____
Second Row Riser	_____ @ \$55	_____ @45	Total \$ _____
Reserved Floor	_____ @ \$40		Total \$ _____
General Admission	_____ @ \$35		Total \$ _____
*Seats are assigned on a first come, first served basis. Tickets are non-refundable.			
Sunday Day (Adults)	_____ @ \$20		Total \$ _____

Grand Total \$ \_\_\_\_\_

Non-package competitor hotel rooms: \$144 plus tax (\$165.02). We book the room, You pay the hotel directly upon the completion of your stay.

Credit card type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Special requests? \_\_\_\_\_

Send forms and payment by March 12th, 2010 to:  
 WSDC  
 PO BOX 222  
 NASHOTAH, WI 53058  
 PHONE AND FAX (Please call first if faxing) 262-367-3367  
 Any questions? Email us at [dancerbeck@yahoo.com](mailto:dancerbeck@yahoo.com)