



ACCOUNTING SUMMARY FORM

Deadline for entries: Jan. 24 ,2024

Studio Name: _____ Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

Full Name <small>(one name per line, list room-mates on consecutive lines)</small>	Pro/ Am	Packages		Total Non Pkg Admission <small>(Use ticket Order form)</small>	Single Dances		Challenges Champs/Scholarships		Other Entries & Credits <small>(Please describe type/cost)</small>	TOTAL per person
		Pkg type & Cost	Pkg B3 Breakfast or Lunch		Qty	Total Cost	Qty/Type	Total Cost		

**Make checks payable to California Open & mail to:
California Open ♦ 846 E. Naranja Drive ♦ Oro Valley, AZ 85737**

TOTAL: \$

Upon receipt, along with your payment, we will email a receipt for your review.
Questions? Call Debbie 520 820.0900 / Suzy 314 616-9413 Email: californiaopen@gmail.com