

***GALAXY DANCE FESTIVAL
REGISTRATION/SUMMARY FORM***
DEADLINE – August 10

STUDIO _____ PHONE(S) _____ FAX _____

ADDRESS _____ CITY, STATE, ZIP _____ E-MAIL _____

*** PLEASE PRINT OR TYPE ***

	FULL NAME	PKG TYPE AND COST:	ENTRIES # _____ X \$35/40	SOLO EXHIB. ENTRIES	SCHOLAR. CHAMPION.	MISC. ENTRIES	TOTAL PER PERSON
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Mail to:
7227 Edenborough Court
Lancaster, Ohio 43130

GRAND TOTAL _____