

Accounting Form / Ticket Order Form

**Registration Deadline:
July 12th, 2024**



#hoadancesport
#thisisourheart

Studio: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Contact: _____

Guest Name	Single Dance	Multi-Dance	Scholar-ships	Solo	Package	Ticket	Total
	# / Amt	# / Amt	# / Amt	# / Amt	Letter / Amt	Amt	

Grand Total: _____

Organizer Contact Information:

Michelle and Eric Hudson

T: (612) 423-6141 F: (651) 780-7050

Email: hoadancesport@gmail.com

- * Credit or Debit cards will be accepted with a 4% service fee.
- * Zelle Handle: hoadancesport@gmail.com
- * Please Mail Checks **Post Marked NO LATER than July 24th, 2024** to: 5208 Grove St. .Edina, MN 55436

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Studio: _____

Email: _____ Phone: _____ Contact: _____

Guest Name	Thursday Matinee \$25.00	Thursday Evening \$25.00	Friday Matinee \$25.00	Friday Evening \$40.00	Saturday Matinee \$25.00	Saturday Evening \$55.00	Total

Grand Total: _____

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