



SHINE DANCE FESTIVAL STUDIO SUMMARY

EVENT			
SHINE DANCE FESTIVAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Okanagan	Mission	North Vancouver

STUDIO INFO		
STUDIO NAME		
CONTACT NAME		
CONTACT PHONE		
CONTACT EMAIL		
DIRECTOR NAME		
DIRECTOR PHONE		
DIRECTOR EMAIL		
STUDIO ADDRESS		
CITY	PROVINCE	POSTAL CODE
STUDIO WEBSITE		

For Office Use Only	
Date Received:	_____
Payment Method:	_____
Invoice #:	_____
Eligible for Rebate: Y/ N	Value: \$ _____
Confirmation Sent on:	_____
Notes:	

ENTRY SUMMARY				
CATEGORY	# OF ENTRIES	# OF DANCERS	FEE	TOTAL
DANCERS			\$12	
SOLOS			\$58	
DUO/ TRIOS			\$40	
GROUPS/ PRODUCTIONS			\$27	
TOTAL # OF ENTRIES				
LATE FEES		N/A	\$25	
Subtotal				
12% HST				
GRAND TOTAL				

PARTICIPANTS	
# of Dancers Participating	
# of Teachers Attending	
<i>List Attending Teachers for Backstage Passes:</i>	

<i>List persons authorized to collect rebate & studio rewards:</i>	
