



PRO-AM SHOWCASE ENTRY FORM

Name	Teacher	Dance

Confirmation Address: (please print)

Name: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Send Forms and Fees to:

"Dancing a la Carte"
c/o David Rosinski
200 Lambert Terrace #28
Chicopee, MA 01020
Phone and Fax: (413) 538-7991
Email: dancingalacarte@aol.com

Cancellation Policy: No refunds will be made for entries, sessions, or packages after the final deadline of may 1st, 2008.