Accounting Summary Form

Studio Name: _____

Studio Contact Name: _____

Contact Phone # _____

Total Admission tickets for studio listed per individual: This section is intened to be a helpful worksheet to assist you in determining your total $ amount of tickets. It is not required to fill in this section. Ticket Prices are listed in the section below.

Name (please print)	Admission ticket Information										Totals
	Friday DAY		Friday EVENING		Saturday DAY		Saturday EVENING		Sunday DAY		
	#	$	#	$	#	$	#	$	#	$	$

Individual: Total of column to the left

Total Admission tickets for studio: The information below must be submitted with your forms. If you have any questions regarding filling out your forms, you can contact us at 312-409-3995.

Event Sessions		#		$	Description	Total
Session 1 **Friday DAY event**		_____	@	$20	Adult	
		_____		$10	Junior	
Session 2 **Friday EVENING event**		_____	@	$40	all	
Session 3 **Saturday DAY event**		_____	@	$20	Adult	
		_____		$10	Junior	
Session 4 **Saturday EVENING event**		_____	@	$65	Table seating	
		_____		$60	Reserved seat, First Row , any riser	
		_____		$55	Reserved seat, Second Row , any riser	
		_____				
Session 5 **Sunday DAY event**		_____	@	$20	Adult	
		_____		$10	Junior	

**Junior tickets are available for children competing in a junior division, or for children spectating through the age of 10, for daytime events only.

The above Individual column total should equal the below Studio column total

Studio: Total of column to the left

ENTRY DEADLINE: AUGUST 2, 2010

Accounting Summary Form

Studio Name _____ Studio Contact Name: _____

Mailing Address _____ Email Address: _____

City/State/Zip _____ Contact Phone # _____

Name (please print)	Pro/ Am	Package Information		Entry Information										Totals
				single dances		Championships		Scholarships		Solo Exhibition		Formations		
		Package Type	Price	# of Entries	$ Total	# of Entries	$ Total	# of Entries	$ Total	# of Entries	$ Total	# of Entries	$ Total	
Sub Totals from Package and Entry Columns														A
Transfer total $ amount of Admission tickets from page 1 of the Accounting Summary Form														B
Studio Total - (Box "A" plus Box "B")- Amount to be paid														

Make checks payable to:

THE WINDY CITY OPEN LLC 3201 North Long Avenue, Chicago, IL 60641

Secure Credit Card Payment Available at thewindycityopen.com

ENTRY DEADLINE AUGUST 2, 2010