

Studio: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*Each routine must not exceed 2 minutes. Music must be supplied on flashdrive.
Entry includes Wednesday Evening admission for all dancers participating.*

Team Name: _____ Entry Name: _____

Participating Dancers: _____

*Fee per routine is \$150. Send completed form with payment to:
Great Gatsby Gala Dancesport*

325 Lexington Street, San Francisco, CA 94110

Email: greatgatsbygaladance@gmail.com

Website: www.greatgatsbygaladance.com