WSDC ACCOUNTING SUMMARY

Duplicate form if needed

Studio Name:			
Contact Person:			
Contact Phone:	To the state of th		
Email Address:			
PACKAGES enter information belo	DW		
Name	Package	Cost of Entries	Total Per Person
Non package and	d spectator tickets	s - see other side	
Non-package competitor hotel rooms: \$167.0 upon the completion of your stay. Credit card type:		We book the room, Yo	
Special requests?			
Send forms and payment by March 23, 2018 t			

end torms and payment by March 23, 2018 to:

WSDC • 1323 E. Conway Street, Milwaukee, WI 53207 Any questions? Call: MARTIN 414-807-6321 or Email: wsdcmke@yahoo.com