



ENTRY FORM

DYNASTY STARS FUNDRAISER

Student Name: _____

Teacher Name: _____

Studio: _____

Phone: _____ email: _____

Please Circle the divisions you would like to enter:

Smooth (W,T,F)

Ballroom (W,T,Q)

Rhythm (C,R,Sw)

Latin (C,S,R)

Total Amount Due: _____

Cash

Check# _____

Credit Card

****PLEASE MAKE CHECKS PAYABLE TO FACE AUTISM****

Face Autism is the non-profit (501(c)(3) for the Dynasty Stars Program
 info@face-autism.org | 5610 74th Place E., Ellenton, FL 34222 | 813-240-3044

CREDIT CARD: *(please print neatly)*

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Card# _____

Expiration date: Month _____ Year _____ CVV _____

Signature: _____

THANKS FOR SUPPORTING THE DYNASTY STARS

CH27589 A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (1-800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE