

WSDC Accounting Summary

Duplicate if Necessary

STUDIO NAME _____
CONTACT PERSON _____
CONTACT TELEPHONE _____
EMAIL ADDRESS _____

PACKAGES *enter information below*

Name	Package	Cost of Entries	Total Per Person

Credit Card Type _____ Expiration Date _____

Special requests? _____

Send forms and payment to:

WSDC • 1323 E Conway Street Milwaukee, WI 53207

For Inquiries Phone - Martin or Justin 414-807-6321 or martincauston@me.com