TWIN CITIES OPEN
Accounting Form

Studio Name_____ Contact Person_____

Contact Phone_____ Email Address_____

Name	Package	Cost of Entries	Non Package/ Extra Tickets	Total Per Person

THIS FORM MUST BE SIGNED BY ALL PARTICIPANTS

"No responsibility for loss or theft of articles left in Changing Rooms, Ballrooms or Hotel Rooms can be accepted by Megamarc, Inc.; Scott & Amy Anderson; or by the NDCA, Inc. and neither can they be held liable for injury sustained by persons attending this event. Everyone attending does so at his or her own risk.

All persons attending the Twin Cities Open, whether as spectators or competitors, officials or as guests shall be bound by NDCA rules and by participating in any capacity in the Twin Cities Open, be obliged to adhere to them"

I/WE HAVE READ & UNDERSTAND THE ABOVE STATEMENTS AND AGREE TO COMPLY FULLY WITH THEM.

_____ _____

_____ _____

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_____ _____

Send forms and payment to Megamarc, Inc. BY JUNE 15, 2024 to:
17634 Kettering Trail; Lakeville, MN 55044