



TEXAS CHALLENGE ACCOUNTING FORM

Studio Name: _____

Contact Person _____

Cell Number: _____

Email: _____

One Line per Name of participant and please mark clearly if they are a *C-Competitor, *S-Spectator or *P-Professional

FULL NAME	C S P	SESSION 1	SESSION 2	SESSION 3	SESSION 4	VIP PACKAGE	VIP FRIDAY	VIP SATURDAY	ACCESS PACKAGE	ACCESS PKG FRI	ACCESS PKG SAT	Saturday Dinner	VIP PARTY	SD ENTRIES #____@	MD ENTRIES #____@	SCHOLAR ENTRIES #____@	SOLO/ FORMATION #____@	PRO ENTRY #____@	TOTAL	

Hotel Deadline is 04/19/2024 Entry Dead Line is 04/26/2024
 Make checks payable to Smooth Operator Inc
 Please Mail it to :1504 Sandstone Dr Frisco Tx 75034