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 A	VIP PACKAGE B FRIDAY	VIP PACKAGE C SATURDAY	Lunch FRI / SAT	DINNER FRI / SAT	VIP PARTY	SD ENTRIES #_____@	MD ENTRIES #____@	SCHOLAR ENTRIES #____@	SOLO/ FORMATION #_____@	PRO ENTRY #_____@	TOTAL

Hotel Deadline is 04/25/2025 Entry Dead Line is 04/25/2025

Make checks payble to Smooth Operator Inc

Please Mail it to :1504 Sandstone Dr Frisco Tx 75034