

Manhattan Dance Sport Championships
SUMMARY OF PURCHASES AND PAYMENTS

TICKET PASSPORTS & ADMISSION TICKETS, (NO HOTEL)

No. OF FULL TICKET PASSPORTS _____ **@ \$265 EACH = \$** _____

INDIVIDUAL SESSION TICKETS: FOR ADVANCE TICKET SALES PRIOR TO JUNE 20TH

Wednesday Day Session 1 _____ @ \$25 EACH = \$ _____
Wednesday Evening Session 2 _____ @ \$25 EACH = \$ _____
Thursday Day Session 3 _____ @ \$25 EACH = \$ _____
Thursday Evening Session 4 _____ @ \$40 EACH = \$ _____
Friday Day Session 5 _____ @ \$25 EACH = \$ _____
Friday Evening Session 6 _____ @ \$55 EACH = \$ _____
Saturday Day Session 7 _____ @ \$25 EACH = \$ _____
Saturday Evening Session 8 _____ @ \$55 EACH = \$ _____
Sunday Day Session 9 _____ @ \$25 EACH = \$ _____

PROGRAMS _____ @ \$25 EACH = \$ _____

TOTAL ADVANCE TICKETS & PROGRAM PURCHASES \$ _____

Name of Person Picking Up Tickets: _____

ENTRY FEES: (TOTALS FROM ENTRY FORMS)

PRO/AM \$ _____
JUNIOR \$ _____
AMATEUR \$ _____
PROFESSIONAL \$ _____ TOTAL ENTRY FEES \$ _____

TOTALS: TICKET + ENTRY FEES: \$ _____

Method of Payment:

Certified Check _____ Money Order _____ Credit Card _____ (*Visa or Mastercard only*)

Credit Card Information: Visa _____ Mastercard _____

Card Number: _____

Expiration Date _____ / _____ Signature _____

3 digit code
on card

SEND FORMS AND FULL PAYMENT TO: MANHATTAN DANCE SPORT CHAMPIONSHIPS
216 PASSAIC AVENUE
FAIRFIELD, NJ 07004
PHONE: 973-276-0201 FAX 973-276-1430

Fees must be paid in full. We will accept faxed entries only If the credit card information is included.
Otherwise certified check or money order only!

For Confirmation:

Name: _____ **Address:** _____ **City:** _____ **ST** _____

Zip Code: _____ **Phone** _____ **Fax:** _____ **E-Mail:** _____