

Manhattan Dance Championships

SUMMARY OF PURCHASES AND PAYMENTS

NAME OF PERSON PICKING UP TICKETS _____
PHONE NUMBER: _____
STUDIO NAME: _____

Advanced Ticket Order Sales Due By June 12th

No. OF FULL TICKET PASSPORTS _____ **@ \$320 EACH = \$** _____

COMPETITORS DO NOT HAVE TO BUY TICKETS FOR SESSIONS THEY ARE DANCING IN

Wednesday Day	Session 1	@ \$30 EACH = \$	_____
Wednesday Evening	Session 2	@ \$30 EACH = \$	_____
Thursday Day	Session 3	@ \$30 EACH = \$	_____
Thursday Evening	Session 4	@ \$50 EACH = \$	_____
Friday Day	Session 5	@ \$30 EACH = \$	_____
Friday Evening	Session 6	@ \$80 EACH = \$	_____
Saturday Day	Session 7	@ \$30 EACH = \$	_____
Saturday Evening	Session 8	@ \$80 EACH = \$	_____
Sunday Day	Session 9	@ \$30 EACH = \$	_____

TOTAL ADVANCE TICKETS PURCHASES \$ _____

ENTRY FEES: (TOTALS FROM ENTRY FORMS)

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

TOTALS: TICKET + ENTRY FEES: \$ _____

Method of Payment: (Please Note: 4% Processing fee will be added to all credit card payments)

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

Credit Card Information: Visa _____ Mastercard _____

Card Number: _____

3 digit code
on card

Expiration Date ____/____/____ Signature _____

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: _____ Pnone _____ E Mail: _____