

# 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 14th

**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	\$	_____	
		<b>TOTAL ENTRY FEES \$</b>	_____

**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: \_\_\_\_\_