

Summary of Purchases and Payment

Total Fees from Reverse		\$ _____
General Admission and Separate Purchases (non-package holders)		
Breakfast – Friday or Saturday	# _____	@\$50=\$ _____
Program	# _____	@\$20=\$ _____
WORLD CHAMPIONS MIX & MINGLE AFTER PARTY (includes 2 drinks and hors d'oeuvres)	# _____	@\$70=\$ _____

Session I –Thursday – ALL DAY	# _____	@\$35=\$ _____
	JR(12 & under)	# _____ @ \$10=\$ _____

Session II – Friday Day	# _____	@\$25=\$ _____
	JR(12 & under)	# _____ @ \$10=\$ _____

Session III – Friday Eve	# _____	@\$60=\$ _____
	JR(12 & under)	# _____ @ \$30=\$ _____
Friday Dinner & Evening Special	# _____	@\$160=\$ _____

WORLD CHAMPIONSHIP Sessions IV & V		
Saturday Day ONLY - RISER SEATING	# _____	@\$40=\$ _____
	JR(12 & under)	# _____ @ \$20=\$ _____
Saturday Day & Evening - RISER SEATING	# _____	@\$75=\$ _____
	JR(12 & under)	# _____ @ \$35=\$ _____
Saturday Day & Evening + Dinner - RISER SEATING	# _____	@\$175=\$ _____
Saturday Day & Evening - TABLE SEATING <u>(reserved for Grand Nationals A & B package holders first)</u>	# _____	@\$120=\$ _____
Saturday Day & Evening + Dinner - TABLE SEATING <u>(reserved for Grand Nationals A & B package holders first)</u>	# _____	@\$190=\$ _____
Saturday Day & Evening - VIP FRONT ROW SEATING <u>(allocated to Grand Nationals VIP package holders first)</u>		Contact Organizer
Saturday Day & Evening + Dinner - VIP FRONT ROW SEAT <u>(allocated to Grand Nationals VIP package holders first)</u>		Contact Organizer
Total for General Admission Tickets		\$ _____
Grand Total		\$ _____

EARLY BIRD DISCOUNT
10% OFF Entire Invoice (excluding hotel rooms)
Must be paid in full by September 14th

Entry Deadline - October 4th

Make Checks Payable to:
Dance America

1705 Banks Road - Margate, FL 33063

Telephone (754) 304-6954 Fax (954) 601-1776
cassandra@dance-america.com

All Major Credit Cards Accepted

NEVER ADMIN FEES CHARGED

Account #: _____

Expiration date: _____

V Number: (3 digit code in signature panel): _____

Name as it appears on card: _____

Signature of Cardholder: _____

Billing Address of cardholder: _____

**All payments made after October 4th, 2019
must be in the form of Credit Card,
Cashier's Check, Money Order or Cash.**

**Absolutely NO studio or personal
checks accepted at the event.**