



TICKET ORDER FORM

STUDIO _____ CONTACT PERSON _____

PHONE # _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

****COMPETITORS RECEIVE FREE ADMISSION TO THE BALLROOM FOR THE SESSIONS THEY ARE COMPETING IN****

DAYTIME	EVENING
SESSION 2: THURSDAY MORNING OPEN SEATING \$30 X ____ = ____	SESSION 2: THURSDAY EVENING OPEN SEATING \$30 X ____ = ____
SESSION 3: FRIDAY DAY OPEN SEATING \$30 X ____ = ____	SESSION 4: FRIDAY EVENING OPEN SEATING \$50 X ____ = ____ RESERVED SEATING \$80 X ____ = ____
SESSION 5: SATURDAY DAY OPEN SEATING \$30 X ____ = ____	SESSION 6: SATURDAY EVENING OPEN SEATING \$50 X ____ = ____ RESERVED SEATING \$80 X ____ = ____
	SATURDAY AFTER PARTY \$40X ____ = ____
GRAND TOTAL	
\$ _____	

CREDIT CARD

(CIRCLE ONE)

MASTER CARD AMEX VISA

SIGNATURE _____

4% SERVICE FEE ADDED TO CC PAYMENT

NAME ON CARD

CARD NUMBER _____

EXP _____ CVV _____

ZIP CODE _____

CHECKS

MAKE CHECKS PAYABLE TO
LEGACY DANCE FESTIVAL

CHECK # _____

Mail to:

Legacy Dance Festival

5780 East Woodmen Rd

Suite 100

Colorado Springs, CO 80920