



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 1: THURSDAY EVENING OPEN SEATING \$30 X ____ = ____
SESSION 2: FRIDAY DAY OPEN SEATING \$30 X ____ = ____	SESSION 3: FRIDAY EVENING OPEN SEATING \$50 X ____ = ____ RESERVED SEATING \$80 X ____ = ____
SESSION 4: SATURDAY DAY OPEN SEATING \$30 X ____ = ____	SESSION 4: 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