LEGACY
DANCE & WELLNESS FESTIVAL

FINANCIAL SUMMARY

STUDIO_____CONTACT PERSON_____PHONE #_____ EMAIL_____

ADDRESS_____CITY_____STATE_____ ZIP CODE_____

PARTICIPANT'S NAME (PLEASE PRINT)	# OF SINGLE DANCES @ PRICE	# OF 2 DANCE MULTI DANCE @ PRICE	# OF 3 DANCE MULTI DANCE @ PRICE	# OF 4 DANCE MULTI DANCE @ PRICE	# OF 5 DANCE MULTI DANCE @ PRICE	# OF 6 DANCE MULTI DANCE @ PRICE	# OF 9 DANCE MULTI DANCE @ PRICE	# OF 10 DANCE MULTI DANCE @ PRICE	# OF SOLOS	# OF CHALLENGES	# OF SCHOLARSHIPS	TOTAL

ENTRIES TOTAL $ _____

SESSION 1: THURSDAY EVENING	SESSION 2: FRIDAY DAY	SESSION 3: FRIDAY EVENING	SESSION 4: SATURDAY DAY	SESSION 5: SATURDAY EVENING	AFTER PARTY
OPEN SEATING $30 X____=____	OPEN SEATING $30 X____=____	OPEN SEATING $50 X____=____ RESERVED SEATING $80 x ____=____	OPEN SEATING $30 X____=____	OPEN SEATING $50 X____=____ RESERVED SEATING $80 x ____=____	AFTER PARTY $40 X____=____

TICKETS TOTAL $ _____

ADVERTISEMENTS AND CONGRATULATORY NOTICES: **$300 X ____=____**

ON THE MAIN SCREEN IN THE BALLROOM

ADVERTISEMENT 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 #_____

GRAND TOTAL $_____