



Name/Studio: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone/Fax: _____

TICKET ORDER INFORMATION *

Thursday	Session 1 _____	@	\$25 Each = \$ _____
Friday Day	Session 2 _____	@	\$25 Each = \$ _____
Friday Night	Session 3 _____	@	\$75 Each = \$ _____
Saturday Day	Session 4 _____	@	\$25 Each = \$ _____
Saturday Night	Session 5 _____	@	\$75 Each = \$ _____
Sunday All Day Pass *	Session 6 _____	@	\$35 Each = \$ _____

TOTAL \$ _____

* Children 12 & under half price on Sunday.

Note: Entry tickets to the Ballroom are included in the entry fee for the session you are competing in.

PAYMENT INFORMATION

Method of Payment: (Please Note: 4% processing fee will be added to all credit card payments.)

Money Order _____ Credit Card _____ (Visa or Mastercard only)

Credit Card Information: Visa _____ Mastercard _____

Card Number: _____ 3 Digit Code: _____

Expiration Date: _____ / _____

Signature: _____

Send forms and full payment to: **NAIS Entertainment Inc.**
PO BOX 3067, West Caldwell, NJ 07007