



Name/Studio: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone/Fax: _____

TICKET ORDER INFORMATION

Friday Day	Session 1 _____	@ \$20 Each = \$ _____
Friday Night	Session 2 _____	@ \$60 Each = \$ _____
Saturday Day	Session 3 _____	@ \$20 Each = \$ _____
Saturday Night	Session 4 _____	@ \$75 Each = \$ _____
Sunday Day	Session 5 _____	@ \$20 Each = \$ _____
	All Session Pass _____	@ \$180 Each = \$ _____
	VIP Package _____	@ \$580 Each = \$ _____
		TOTAL \$ _____

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: **North American Imperial Star Ball
PO BOX 3067, West Caldwell, NJ 07007**