



Ticket Order Form

Studio _____ Contact Person _____

Phone# _____ E-mail _____

Address _____

City: _____ State: _____ Zip Code: _____

Competitors receive a free admission to the ballroom for the session they are competing in.

DAYTIME	EVENING
	Session 1 : FRIDAY Evening Open Seating \$30 x _____ = _____
Session 2 : SATURDAY Day Open Seating \$30 x _____ = _____	Session 3 : SATURDAY Evening Open Seating \$50 x _____ = _____ Reserve Seating \$80 x _____ = _____
Session 4 : SUNDAY Day Open Seating \$30 x _____ = _____	Session 5 : SUNDAY Evening Open Seating \$50 x _____ = _____ Reserve Seating \$80 x _____ = _____
	SUNDAY Night Afterparty \$40 x _____ = _____

GRAND TOTAL: \$ _____

CREDIT CARD

(Circle one)

MasterCard AMEX Visa

Name on Card _____

Number _____

Signature _____

4% service fee will be applied

Exp _____ CVV _____ Zip Code _____

CHECK

Make Checks Payable to: **Legacy Dance Festival**

Mail to:

Legacy Dance Festival
5780 East Woodman Road
Suite 100
Colorado Springs, CO 80920