

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 : THURSDAY Evening Open Seating \$30 x = |
| Session 2 : FRIDAY Day Open Seating \$30 x = | Session 3 : FRIDAY Evening Open Seating \$65 x = Premium Seating \$95 x = |
| Session 4 : SATURDAY Day Open Seating \$30 x = | Session 5 : SATURDAY Evening Open Seating \$65 x = Premium Seating \$95 x = |
| | SATURDAY Night Afterparty \$40 x = |
| VIP TICKET PACKAGE Premium Seating for All Sessions & Saturday Night Afterparty \$325 x = | |
| GRAND TOTAL: \$ | |
| List Full Names of ALL VIP Tickets Holders : | |
| | |
| CREDIT CARD (Circle one) MasterCard AMEX Visa | Name on Card Number |
| Signature | |
| 4% service fee will be applied | |
| ZELLE | CHECK |
| ZELLE to: legacydancefestival@gmail.com List Name that is associated with the account you are sending the payments | Make Checks Payable to: Legacy Dance Festival Mail to: Legacy Dance Festival 5780 East Woodman Road |
| | Suite 100 Colorado Springs, CO 80920 |