



Individual or Studio

GENERAL ADMISSION ORDER FORM
& PURCHASE SUMMARY

Name/Studio:		Day Phone:	
Street Address:		Evening Phone:	
City/State/Zip:		Email:	

All seats in the ballroom are numbered and coincide with your ticket number. Therefore any groups wishing to sit together should order tickets at the same time. Tickets are assigned on a first come first serve basis.

Session	Riser Seating	Front Row Tables	VIP Stage
1 - Thursday Day	# ____ @ \$ 30 = \$ ____	# ____ @ \$ 50 = \$ ____	
2 - Thursday Evening	# ____ @ \$ 30 = \$ ____	# ____ @ \$ 50 = \$ ____	# ____ @ \$ 150 = \$ ____
3 - Friday Day	# ____ @ \$ 30 = \$ ____	# ____ @ \$ 50 = \$ ____	
4 - Friday Evening	# ____ @ \$ 30 = \$ ____	# ____ @ \$ 50 = \$ ____	# ____ @ \$ 150 = \$ ____
5 - Saturday Day	# ____ @ \$ 30 = \$ ____	# ____ @ \$ 50 = \$ ____	
6 - Saturday Evening	# ____ @ \$ 70 = \$ ____	# ____ @ \$ 120 = \$ ____	# ____ @ \$ 250 = \$ ____
7 - Sunday Day	# ____ @ \$ 30 = \$ ____	# ____ @ \$ 50 = \$ ____	
8 - Sunday Evening	# ____ @ \$ 70 = \$ ____	# ____ @ \$ 120 = \$ ____	# ____ @ \$ 250 = \$ ____
Season Pass (Session 1-8)	# ____ @ \$ 300 = \$ ____ Save \$ 20	# ____ @ \$ 500 = \$ ____ Save \$ 40	# ____ @ \$ 700 = \$ ____ Save \$ 100
SUBTOTALS A:	\$ ____	\$ ____	\$ ____

Admission for Kids 12 and under:

Session	Riser Seating	Front Row Table
1 - Thursday Day	# ____ @ \$ 10 = \$ ____	# ____ @ \$ 10 = \$ ____
2 - Thursday Evening	# ____ @ \$ 15 = \$ ____	# ____ @ \$ 25 = \$ ____
3 - Friday Day	# ____ @ \$ 10 = \$ ____	# ____ @ \$ 10 = \$ ____
4 - Friday Evening	# ____ @ \$ 15 = \$ ____	# ____ @ \$ 25 = \$ ____
5 - Saturday Day	# ____ @ \$ 10 = \$ ____	# ____ @ \$ 10 = \$ ____
6 - Saturday Evening	# ____ @ \$ 30 = \$ ____	# ____ @ \$ 40 = \$ ____
7 - Sunday Day	# ____ @ \$ 10 = \$ ____	# ____ @ \$ 10 = \$ ____
8 - Sunday Evening	# ____ @ \$ 45 = \$ ____	# ____ @ \$ 45 = \$ ____
Season Pass	NA	NA
SUBTOTALS B:	\$ ____	\$ ____

**ALL TICKET SALES ARE FINAL
ALL TICKETS WILL BE HELD AT THE
"WILL CALL"
EMPIRE REGISTRATION DESK
UNDER YOUR NAME**

ADD ONS	
Did you register for any of the NYDC lectures/workshops ? Want to register? See field below	Yes <input type="checkbox"/> No <input type="checkbox"/>
"The Ride" Sightseeing Tour	# _____ @ \$ 75 = \$ _____
Shop Til You Drop incl. Bus Trip	# _____ @ \$ 75 = \$ _____
Empire Golf Tournament (If you sent a check directly do not add here)	# _____ @ 385 = \$ _____
SUBTOTALS C:	\$ _____

SUMMARY OF ALL PURCHASES

Total from purchases from these pages A & B & C	\$ _____
Total carried from Rooming List & Entry Summary	\$ _____
GRAND TOTAL	\$ _____
Package Deposit paid _____ @ \$ 400 or	\$ _____
Total for Packages Paid in Full	\$ _____
Entry Fees (payable in full)	\$ _____
Total Payment enclosed	\$ _____
Balance Due	\$ _____

Any payments made after July 24 must be made in the form of Cashiers Check, Money Order or Cash.
No studio or personal checks will be accepted after July 24 or at the event.

Please mail, email or fax all entry-forms incl. Summary Forms to:

EMAIL:

EmpireDanceChampionship@gmail.com

FAX: 443-782-0227

MAIL: Andrea Ringgold

c/o Empire Dance Championship

113 Frederick Drive

Centreville, MD 21617

Please make checks or money orders payable to:
Empire Dance Championship

Payments made with Visa, Master Card or Amex will incur a 4% Administration Fee. (Fill out section below)


**Entry Deadline for Packages and Dance Entries
is July 15, 2016**

Please register early to avoid Late Fees \$ 100

New York Dance Camp (NYDC) Wednesday: 4 Latin Lectures: \$ 199 (sorry no single lectures available)
Friday: 4 Ballroom Workshops \$ 100 / Single Workshop \$ 30 **To register please go to: EmpireDanceChampionship.com/NYDC**

EMPIRE DANCE CHAMPIONSHIP CREDIT CARD PAYMENT FORM

Grand Total from previous page	\$ _____	Plus 4% Admin. Fee	= \$ _____
Please charge the Total Amount	\$ _____	To my	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card



Name on Credit Card : _____

Credit Card Number: _____ Security Code: _____ Exp. Date: _____

Statement Mailing Address: _____

State/ Zip Code / Country : _____

Daytime Phone Number: _____ E-mail: _____

Signature of Card Holder: _____