

VOE uydjš

BE

WZyW

SE BE \$V

Mail payment to: \$ UHV 'DQFH , GRDULQJ 'ULYH 0DULHWWD *\$
(PDLO)RUP DUHVG DQFHLQF#JPDLO FR

Name: _____ Studio: _____
 Address: _____
 City, State, Zip: _____
 Email: _____
 Phone: _____ Fax: _____

All tables and seats in the ballroom adjacent to the dance floor ~~QW/KZMPSHGMMG~~ are reserved for package holders only. All other seats are general admission and may be taken on a first come basis. All ticket orders will be held at will call under your name at ~~Wk:WBSH~~ registration desk.

The ~~WBSH~~HO is located at 90 ones ranch ri e, cLean, A 10 .
 There are no exchanges or refunds on tickets.

ALL TICKET SALES ARE FINAL.			
ALL TICKETS WILL BE HELD AT WILL CALL UNDER YOUR NAME AT WASHINGTON OPEN REGISTRATION DESK			
SESSION	# OF TICKETS:	PRICE PER TICKET:	TOTAL:
1 Thursday Session		?	
2 Friday Daytime		?	
3 Friday Evening		\$?	
4 Saturday Daytime		\$?	
5 Saturday Evening		\$5 ñ	
Saturday Farewell Party		\$4	
1 Thursday Session: JUNIOR		\$ 5	
2 Friday Daytime JUNIOR		\$ 5	
3 Friday Evening: JUNIOR		\$35	
4 Saturday Daytime: JUNIOR		\$ 5	
5 Saturday Evening: JUNIOR		\$35	
SA E \$5/tic et i ordered and paid in ull y April 20.			
TOTAL TICKET AMOUNT DUE:			

(a administrative fee will be charged for all payments made with a credit card)

Subtotal:	\$	4% Admin Fee:	\$
Please charge the total amount:	\$	to my _____ VISA _____ MASTERCARD. EXP DATE:	
Name on Card:			CID #:
Credit Card Number:			
Billing Address:			
City:			
State:			
Zip:			
Phone Number:			
Fax:			
Signature of Cardholder:			