

Ticket Purchase Summary Sheet – Reserved Seating

Prices are inclusive of any and all applicable taxes. Individual Session Tickets are non-refundable and cannot be exchanged
All ticket orders must be paid in full when placing order

SESSIONS	\$ / Ticket	# of Tickets	Amount Due	CKD
All Session Pass (Preferred Seating) *Limited Number	\$ 250	# _____	\$ _____	
Session 1 & 2 (Thursday Mat. & Eve.)	\$ 55	# _____	\$ _____	
*ADDITION - Welcome Reception & Dinner	\$ 85	# _____	\$ _____	
Junior – Admission only	\$ 25	# _____	\$ _____	
Session 1-ONLY (Thursday Mat.) (OPTION)	\$ 20	# _____	\$ _____	
Junior – Admission only	\$ 10	# _____	\$ _____	
Session 3 (Friday Matt.)	\$ 30	# _____	\$ _____	
Junior – Admission only	\$ 15	# _____	\$ _____	
Session 4 (Friday Evening)	\$ 68	# _____	\$ _____	
*ADDITION For Dinner	\$ 65	# _____	\$ _____	
Junior – Admission only	\$ 35	# _____	\$ _____	
Session 5 (Saturday Matt.)	\$ 30	# _____	\$ _____	
Junior – Admission only	\$ 15	# _____	\$ _____	
Session 6 (Saturday Evening)	\$ 68	# _____	\$ _____	
*ADDITION - Champagne Recptn. & Grand Banquet	\$ 115	# _____	\$ _____	
Junior – Admission only	\$ 35	# _____	\$ _____	
Lectures (Sunday 10:30am-12:30pm)	\$ 28	# _____	\$ _____	
TOTALS		# _____	\$ _____	

For your convenience, payment may be made in any form up until July 6th. After this date, payments need to be made by Certified Cheque, Money Order or Credit Card. Personal / Studio Cheques will not be accepted after July 6th.

For Credit Card charges (Visa, MC), please fill out information below.

Credit Card Charge Form – Cnd. \$ Only

Please Charge \$ _____ to my **VISA – MASTERCARD** Expiration Date _____ Validation Code(3 digits) _____

Card # _____ Name On Card _____

Your Billing Address _____ Telephone # _____

Signature _____ Email (for confirmation) _____

MAIL or FAX TO: CAN-AM DANCESPORT GALA - 9 Lakeshore Rd. West

Oakville, ON Canada L6K 1C6

Tel: 416.605-8554 / 905.849-7323 Fax: 905.849-0702