

Volunteer State Dance Challenge



Studio: _____ Email: _____
 Address: _____ Phone# _____
 City: _____ State: _____ Zip _____ Fax # _____
 Contact Name: _____

GENERAL ADMISSION TICKET FORM

No refunds or guaranteed seats

Name of Person	Wed Eve \$25	Thurs BF \$40	Thurs Day \$50	Thurs Lunch \$25	Thurs Dinner \$80	Thurs Eve \$25	Fri BF \$40	Fri Day \$25	Fri Lunch \$50	Fri Dinner \$80	Fri Eve \$40	Sat BF \$40	Sat Day \$25	Sat Lunch \$50	Sat Dinner \$80	Sat Eve \$50	Total