

Ticket Purchase Summary Sheet – Reserved Seating

Prices are in Canadian Dollars and include all applicable taxes. Admission Tickets are non-refundable and cannot be exchanged. All ticket orders must be paid in full when placing order. 1st & 2nd Row Seating will be assigned on a first-come, first-served basis.

SESSIONS	\$ / Ticket	# of Tickets	Amount Due	CKD
All Session Pass (Preferred Seating) *Limited Number	\$ 185	# _____	\$ _____	
_____		# _____	\$ _____	
_____		# _____	\$ _____	
* _____		# _____	\$ _____	
_____		# _____	\$ _____	
Session 1 (Friday Matt.)	\$ 30	# _____	\$ _____	
Junior – Admission	\$ 15	# _____	\$ _____	
Session 2 (Friday Evening)	\$ 70	# _____	\$ _____	
*ADDITION For Dinner	\$ 85	# _____	\$ _____	
Junior – Admission	\$ 35	# _____	\$ _____	
Session 3 (Saturday Matt.)	\$ 30	# _____	\$ _____	
Junior – Admission	\$ 15	# _____	\$ _____	
Session 4 (Saturday Evening)	\$ 70	# _____	\$ _____	
*ADDITION - Champagne Recptn. & Grand Banquet	\$ 155	# _____	\$ _____	
Junior – Admission	\$ 35	# _____	\$ _____	
Session 5 (Sunday Matt.)	\$ 30	# _____	\$ _____	
TOTALS		# _____	\$ _____	
TOTALS -IF USING Credit Card-TYPE .04 TO ADD 4% to TOTAL	4%	\$ _____	\$ _____	

For your convenience, payment may be made in any form up until September 22nd. After this date, payments need to be made by Certified Cheque, Money Order, e-transfer or Credit Card. eTransfers can be sent to canam.dance@gmail.com. Personal / Studio Cheques will not be accepted after Sept. 22nd. For Credit Card charges (Visa, MC), please fill out information below and add 4% Credit Card surcharge.

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) _____

EMAIL or SEND TO: CAN-AM DANCESPORT GALA
Email: canam.dance@gmail.com Tel.: 416-669-5947