



Ticket Order Fo

Name: _____ Studio: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____

Ticket	Child < 12	Adult
Thursday Matinee	___ x \$20	___ x \$30
Thursday Evening	___ x \$20	___ x \$30
Friday Matinee	___ x \$20	___ x \$30
Friday Evening	___ x \$50	___ x \$75
Friday Evening Admission and Dinner (Reserved seating)	___ x \$125	___ x \$150
Saturday Matinee	___ x \$20	___ x \$30
Saturday Evening	___ x \$70	___ x \$95
Saturday Evening Admission and Dinner (Gala Reserved Seat)	___ x \$165	___ x \$190
VIP Saturday Evening Admission & Dinner (Gala Reserved Seat)		___ x \$250
Sunday Matinee	___ x \$20	___ x \$30
All Sessions *Reserved Seating*		___ x \$260
Workshop		___ x \$45

Please Make Checks Payable To: **KINGS BALL** | Mail Entries & Payments to 10 La Jolla Court, Old Bridge, NJ 08
 Phone: 410-825-5483 | Fax: 415-795-4333
 WWW.KINGSBALL.NET | KINGSBALLDANCE@GMAIL.COM

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Total