

2019 HERITAGE CLASSIC DANCESPORT CHAMPIONSHIPS

Spectator A La Carte Order Form

FOR OFFICE USE ONLY

I.D. # _____

Payment Received _____ \$ _____

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

For confirmation of order

GENERAL ADMISSION TICKETS

Adults

Children

Session 1	Tuesday Eve 6:00 - 11:00 pm	_____ @ \$25	_____ @ \$10	= \$ _____
Session 2	Wednesday Matinee 8am - 5pm	_____ @ \$20	_____ @ \$5	= \$ _____
Session 3	Wednesday Eve 7:30pm - 12:00	_____ @ \$25	_____ @ \$10	= \$ _____
Session 4	Thursday Matinee 8am - 5pm	_____ @ \$20	_____ @ \$5	= \$ _____
Session 5	Thursday Eve 7:30pm - 12:00	_____ @ \$25	_____ @ \$10	= \$ _____
Session 6	Friday Matinee 8am - 5pm	_____ @ \$20	_____ @ \$5	= \$ _____
Session 7	Friday Eve 7:30pm - 12:00	_____ @ \$50	_____ @ \$25	= \$ _____
Session 8	Saturday Matinee 8am - 5pm	_____ @ \$20	_____ @ \$5	= \$ _____
Session 9	Saturday Eve 7:30pm - 12:00	_____ @ \$50	_____ @ \$25	= \$ _____

TOTAL FOR GENERAL ADMISSION TICKETS\$ _____

BANQUET DINNER DANCE (Payable in advance. Please note - dinner cancellations made within 4 days of the event are not refundable since the guarantees have to be made to the hotel in advance, and cannot be reduced.)

Wednesday night	6:00 - 8:00 pm	_____ @ \$85	= \$ _____
Thursday night	6:00 - 8:00 pm	_____ @ \$85	= \$ _____
Friday night	6:00 - 8:00 pm	_____ @ \$85	= \$ _____
Saturday night	6:00 - 8:00 pm	_____ @ \$85	= \$ _____

TOTAL FOR DINNERS\$ _____

COLOR EVENT PROGRAM @ \$20 = \$ _____

GROVE PARK INN RESORT HOTEL ACCOMMODATION: @ \$210 per night incl. tax & fees, single or double occupancy. This special rate is only available when booked through the organizer.

Names of guests: _____

Arrival Date: _____ Departure Date: _____ No. of beds (1 or 2) _____

Total # of nights: _____ @ \$210 (add \$24 per night per person for 3rd & 4th persons sharing the room) \$ _____

TOTAL OF ABOVE PURCHASES (please include payment in full with this form) \$ _____

Payment by: check money order Visa MasterCard AmEx Name on credit card: _____

Cr.Card # _____ Expiration date: _____ cr card security code: _____

Credit card billing address incl. zip: _____

Please note: credit card charges will incur a 4% administrative charge

Faxed & e-mailed forms must be accompanied by credit card information for processing - fax # 561-405-6135

Do not fax after Feb 22, we will not receive it!

Upon receipt of reservations and after due processing, a confirmation will be e-mailed.

All tickets will be available for collection during the event at our Hospitality Desk at the Grove Park Inn.

Tickets will not be sent by mail in advance. Payment in full in advance is required to guarantee reservations.

www.theheritageclassic.com email: vivadanpro@aol.com Tel: 954-757-5101

MAKE CHECKS PAYABLE TO: VIVA DANCE PROMOTIONS - 6755 NW 122nd Avenue, Parkland, FL 33076

PLEASE NOTE: Any payments made after January 31 must be in the form of Cashiers Check, Money Order, Cash or Credit Card

No studio, business or personal checks will be accepted after this time or at the event.