



DANCESPORT CHAMPIONSHIPS · OPEN TO THE WORLD

Credit Card Authorization & Ticket Request Form

The undersigned Cardholder agrees to the credit card charges as stated below for this credit card transaction.

Please contact the Millennium office should you have any questions. Tel: 863-413-1655; FAX 267-295-8387; E-Mail M2Danceinfo@gmail.com; Website www.m2dance.com

Payment Options: Please send all payments by June 1, 2024. After that date you may be charged a \$100 late fee per person. We will accept Studio Checks until June 10, 2024. Make checks payable to Millennium Dancesport. After that date we will only accept certified checks, bank drafts, or cash. We will accept credit cards for deposits and ticket purchases. A 4% service charge will be added to all credit card charges.

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Name on Credit Card: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Email: _____

4% Service Charge: _____ Total Amt to Charge: \$ _____ Authorization # _____

TICKET REQUEST:

Studio Name: _____ Name for Will Call: _____

*Please indicate quantity

DATE	DAY SESSION	EVENING SESSION (EACH TABLE SEATS 12)	EVENING SESSION FRONT ROW TABLE (EACH TABLE SEATS 12)	SUBTOTAL	TOTAL
Tues. 6/25	XXXXXXXXXXXX	\$45 X _____	XXXXXXXXXXXX		
Wed. 6/26	\$35 X _____	\$55 X _____	\$110 X _____		
Thurs. 6/27	\$35 X _____	\$55 X _____	\$110 X _____		
Fri. 6/28	\$35 X _____	\$80 X _____	\$155 X _____		
Sat. 6/29	\$35 X _____	\$80 X _____	\$155 X _____		
Congress of Stars Friday 6/28	\$30 X _____	XXXXXXXXXXXX	XXXXXXXXXXXX		

GRAND TOTAL: _____