

The Falls Premier Ball

January 28-31, 2010

Enclosed is Certified Cheque, Money Order / MC or Visa (if using credit card, add 3% to total amount)

Mail To:

The Falls Premier Ball, 358 Riverside Drive, Welland, Ontario, L3C 5E5
Tel. # 1-905-735-7221 Fax # 1-905-732-7221 e-mail jds-fpb@on.aibn.com

Professional Entry Fees _____ x \$ _____ = \$ _____

Pro-Am American Style Entries

Adult () Juv. / Jun.() Single Dances _____ x \$ _____ = \$ _____
 Adult () Juv. / Jun.() Multi-Dance _____ x \$ _____ = \$ _____
 Adult () Juv. / Jun.() DANCESPORT Scholarship _____ x \$ _____ = \$ _____
 Adult () Juv. / Jun.() Solo Exhibition _____ x \$ _____ = \$ _____

Pro-Am International Style Entries

Adult () Juv. / Jun.() Single Dances _____ x \$ _____ = \$ _____
 Adult () Juv. / Jun.() Multi-Dance _____ x \$ _____ = \$ _____
 Adult () Juv. / Jun.() DANCESPORT Scholarship _____ x \$ _____ = \$ _____
 Adult () Juv. / Jun.() Solo Exhibition _____ x \$ _____ = \$ _____

Amateur Couple Entries

Adult () Juv. / Jun.() Single Dances _____ x \$ _____ = \$ _____
 Adult () Juv. / Jun.() Multi Dance Event _____ x \$ _____ = \$ _____
 Adult () Juv. / Jun.() Formation / RAP _____ x \$ _____ = \$ _____

Package Fees

SINGLE () A () B () C () D () E () F _____ x \$ _____ = \$ _____
 DOUBLE () A () B () C () D () E () F _____ x \$ _____ = \$ _____

Hotel Only

FALLS VIEW () Thurs () Fri () Sat () Sun _____ x \$ _____ = \$ _____
 CITY VIEW () Thurs () Fri () Sat () Sun _____ x \$ _____ = \$ _____

Tickets

FRIDAY 1st Row Table Seat _____ x \$ _____ = \$ _____
 Gen. Admission -Adult() Jv/Jr() _____ x \$ _____ = \$ _____
 Day Only Pass _____ x \$ _____ = \$ _____

Tickets

SATURDAY 1st Row Table Seat _____ x \$ _____ = \$ _____
 Gen. Admission -Adult() Jv/Jr() _____ x \$ _____ = \$ _____
 Day Only Pass _____ x \$ _____ = \$ _____
 Workshops _____ x \$ _____ = \$ _____

Tickets

SUNDAY 1st Row Table Seat _____ x \$ _____ = \$ _____
 Gen. Admission -Adult() Jv/Jr() _____ x \$ _____ = \$ _____

MC or Visa # _____ Expiry Date () **TOTAL \$** _____

If MC or VISA #(add 3%) , Please print name of cardholder _____

Name _____ Tel. _____

Address _____

City _____ Prov./State _____ Code _____

E-MAIL _____ Studio _____

