

SUMMARY & PAYMENT FORM

Total for General Admission	\$
Total for Wednesday Gala Night	\$
Total for Gourmet Meals Breakfast & Dinner	\$
Total for Workshops	\$
Total for all Entries	\$
Late Fee after July 8 \$ 100	\$
GRAND TOTAL	\$

**Deadline for Dance Entries
is July 8, 2020
Registrations received after July 8
are subject to \$ 100 Late Fee**

**Payments sent by Regular Mail MUST arrive by July 16 to the address below
Payments after July 16 will be accepted at the competition and must in form of
cash, cashier's check or credit card.**

Check here if you booked your Hotel Room through the EmpireDanceChampionship.com Website to receive the discounted rate of \$ 319.
You will automatically be entered into the Room Upgrade Raffle if booked on or before June 1.

Pay by credit card:

Please mail, email or fax all entry-forms incl. this form to:
EmpireDanceChampionship@gmail.com
FAX: 415-520-5999

A 4% Admin. Fee will be added to credit card payments

Pay by check - payable to:

Empire Dance Championship
MAIL: Empire Dance Championship
c/o Ava Kaye
325 Lexington Street

Credit Card Payment Form

If you wish to split the payment please complete both credit card info vouchers below. Please note: In the event one card is not valid we will automatically charge the entire amount onto the second card.

Grand Total	\$	Plus 4% Admin. Fee	= \$
Please charge to this card	\$	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex	
Name on Credit Card : _____			
Credit Card Number: _____ Security Code: _____ Exp. Date: _____			
Statement Mailing Address: _____			
State/ Zip Code / Country : _____			
Daytime Phone Number: _____ E-mail: _____			
Signature of Card Holder: _____ Date: _____			

Grand Total	\$	Plus 4% Admin. Fee	= \$
Please charge to this card	\$	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex	
Name on Credit Card : _____			
Credit Card Number: _____ Security Code: _____ Exp. Date: _____			
Statement Mailing Address: _____			
State/ Zip Code / Country : _____			
Daytime Phone Number: _____ E-mail: _____			
Signature of Card Holder: _____ Date: _____			