United States Dance ChampionshipsSM

September 2nd -7th, 2019 • Disney Swan Resort, Orlando, Florida Reserved Ticket Order Form

No Phone Orders Accepted

Make checks payable to

American Ballroom Company and mail to: P.O. Box 4507, Palos Verdes Peninsula, CA 90274 Telephone: (310) 544-4636 Fax: (310) 544-1736 or visit www.unitedstatesdancechampionships.com

Name/Studio:	Day Phone:
Street Address:	Evening Phone:
City:	Fax:
State/Country:	Email: Check box if you want to be on the mailing list
7: 7: 10.1	Check box if you want to be on the maining tist
Zip/Postal Code:	

Please note: Individual session tickets will be assigned according to the date the order is received, (based on availability), after the All Sessions Pass Holders have been assigned. THERE ARE NO REFUNDS OR EXCHANGES ON TICKET ORDERS THAT HAVE BEEN CONFIRMED AND/OR ISSUED. Please specify the number of tickets for each session preferred. In the event we are unable to fill your order, you will be contacted by our offices and receive a full refund. The organizers reserve the right to refuse admission into the ballroom.

Option #1: Purchase an "ALL SESSIONS PASS" which offers priority ringside table seating (best seats). Option #2: Purchase individual session tickets separately by the days and sessions you'd like to attend.

ALL TICKET SALES ARE FINAL & CANNOT BE EXCHANGED ALL TICKETS WILL BE HELD AT WILL CALL UNDER YOUR NAME AT THE UNITED STATES DANCE CHAMPIONSHIPS TICKET DESK

SESSION	# of Tickets	Price per person	Total
1 Monday Day		\$20	
2 Monday Eve		\$20	
3 Tuesday Day		\$20	
4 Tuesday Eve		\$50	
5 Wednesday Day		\$20	
6 Wednesday Eve		\$50	
7 Thursday Day		\$20	
8 Thursday Eve		\$70	
9 Friday Day		\$20	
10 Friday Eve		\$70	
11 Saturday Day		\$20	
12 Saturday Eve		\$70	
Season Pass (Sessions 1-12)		\$540	
		TOTAL	\$

Please note: Orders will not be accepted without payment in full. Payment may be made by VISA, MASTERCARD, certified check or money order. Please do not send cash. Personal checks are acceptable until August 6, 2019.

(A 4% administrative fee will be charged for all payments made with a credit card)

Subtotal: \$	4% Admin Fee: \$
Please charge the tota	amount \$ to my □ VISA □ MASTERCARD
Name on Card:	
Credit Card Number:	CVC: Expiration Date:
Billing Address:	
City:	
State/Country:	
Zip/Postal Code:	
Daytime Telephone Number:	
Fax:	
Signature of Card Holder:	

Mail To:

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The United States Dance Championships will post its final schedule, list of competitors and heat reports at www.unitedstatesdancechampionships.com one week before the event starts.