



Savannah Dance Classic – The SDC

Studio: _____ Email: _____
 Address: _____ Phone# _____
 City: _____ State: _____ Zip _____ Fax # _____
 Contact Name: _____

GENERAL ADMISSION TICKET FORM

Price per session, No meals included
No refunds or guaranteed seats

Name of Person	TH Eve	Fri BR	Fri Dinner	Fri Day	Fri Eve	Sat BR	Sat Dinner	Sat Day	Sat Eve	Pink House Recep.	Weekend Pass Admission Only Sessions 1-5	Total for Each person
Joe Example	\$20	\$25	\$85	\$25	\$40	\$25	\$85	\$25	\$50	\$120	\$150	\$