



Name/Studio: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone/Fax: _____

**SPECTATORS & NON-PACKAGE HOLDERS
TICKET ORDER INFORMATION ***

Thursday	Session 1	_____	@	\$25 Each	= \$	_____
Thursday	Session 2	_____	@	\$25 Each	= \$	_____
Friday Day	Session 3	_____	@	\$25 Each	= \$	_____
Friday Night	Session 4	_____	@	\$75 Each	= \$	_____
Saturday Day	Session 5	_____	@	\$25 Each	= \$	_____
Saturday Night	Session 6	_____	@	\$75 Each	= \$	_____
Sunday All Day Pass *	Session 7	_____	@	\$35 Each	= \$	_____
TOTAL \$						_____

* Children 12 & under half price on Sunday.

PAYMENT INFORMATION

Method of Payment: (Please Note: 4% processing fee will be added to all credit card payments.)

Money Order _____ Credit Card _____ (Visa or Mastercard only) Zelle** _____

** Zelle payment recipient email address: NorthAmericanStarBall@gmail.com

Credit Card Information: Visa _____ Mastercard _____

Card Number: _____ 3 Digit Code: _____

Expiration Date: _____ / _____

Signature: _____

Send forms and full payment to: **NAIS Entertainment Inc.**
PO BOX 3067, West Caldwell, NJ 07007