



North American
Imperial Star Ball

GENERAL ADMISSION FORM

Tel: 773-217-0102.
Fax: 973-276-1430
Email: NorthAmericanStarBall@gmail.com

Name/Studio: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone/Fax: _____

SPECTATORS & NON-PACKAGE HOLDERS

TICKET ORDER INFORMATION *

Wednesday Night	Session 1	_____	@	\$25 Each	=	\$	_____
Thursday Day	Session 2	_____	@	\$25 Each	=	\$	_____
Thursday Night	Session 3	_____	@	\$25 Each	=	\$	_____
Friday Day	Session 4	_____	@	\$25 Each	=	\$	_____
Friday Night	Session 5	_____	@	\$75 Each	=	\$	_____
Saturday Day	Session 6	_____	@	\$25 Each	=	\$	_____
Saturday Night	Session 7	_____	@	\$75 Each	=	\$	_____
Sunday All Day Pass *	Session 8	_____	@	\$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 Production Inc.**
PO BOX 3067, West Caldwell, NJ 07007