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 Entertainment Inc.**
PO BOX 3067, West Caldwell, NJ 07007