North American
Imperial Star Ball

SUMMARY FORM

Please use this form if your studio has two or more competitors. SEE PRICE LIST FOR ALL ITEMS

Name	Pro or Am	Pkg Type & Price	Non-Reserved Admission (Use Order Form)	Adult & PT/ Junior/Youth Formation	Amateur Events	Pro Events	Free-style Single Dances	Scholar-ship Events	Multi Dance Events	Late Fees: $25 per person	Total Per Person

RELEASE

The undersigned, being fully cognizant of the risks inherent in the ballroom dancing and exhibitions, shall hereby:

1. Assume all risks of bodily injury (including death) and property damage inherent in attending this event.

2. Release and hold harmless Nais Entertainment Inc., Katusha Demidova and/or the National Dance Council of America, Inc. from all liability tome, my personal representatives, assigns, heirs, and next of kin, and against any claim or cause of action which I or anyone claiming by, through or under me, may at anytime have against those hereby release, arising out of bodily injury (including death or damage), loss or theft of articles suffered by me while attending this event.

3. Consent to use and release of his/her name and likeness to be used in photographs, television filming and recording of the event used in connection with the television broadcast, exhibition, distribution of promotion of the event in any manner and by any means, now or in the future by Nais Entertainment Inc. and/or its parent,related, affiliated or subsidiary companies: Katusha Demidova or the National Dance Council of America, Inc.

**If any person has an objection to being videotaped or the possibility of being seen on these tapes or in any publicity trailers or other use of his or her picture, please notify theorganizers of this event in writing thirty days prior to the commencement. Failure to notify will be concidered as permission granted.

•All persons attending this event, whether as spectators or as competitors or as officials or guests of the ogranizer, shall be bound by the National Dance Council of America,Inc. rules and by participating in this event, automatically become obligated to adhere to them.

Signature: _____

Send forms and full payment to:

NAIS Entertainment Inc.
PO Box 3067
West Caldwell, NJ 07007

			Payment(s)	R#		
Date		Check #	$		Total Due	$
Date		Check #	$		Balance.....	$
Date		Check #	$		Balance.....	$
Date		Check #	$		Balance.....	$
Date		Check #	$		Balance.....	$
Date		Check #	$		Balance.....	$
Date		Check #	$		Balance.....	$

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

Subtotal:	$	4% Admin Fee:	$
Please Charge the Total 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:			