



# Dancing With Our Stars

## TICKET RESERVATION FORM

Today's Date \_\_\_\_\_

|                      |       |          |  |
|----------------------|-------|----------|--|
| Name                 |       |          |  |
| Billing address      |       |          |  |
| City                 | State | ZIP Code |  |
| Telephone (home)     |       |          |  |
| Telephone (business) |       |          |  |
| Fax                  |       |          |  |
| E-Mail               |       |          |  |

**Individual Tickets:** Number of Seats: \_\_\_\_\_ @ \$120.00 each (10 SEATS = ONE TABLE)

Total Charge: \$ \_\_\_\_\_

|                                    |                    |  |
|------------------------------------|--------------------|--|
| Credit card type<br>(VISA/MC/AMEX) | *CVS Number: _____ |  |
| Credit card number                 |                    |  |
| Expiration date                    |                    |  |
| Authorized signature :             |                    |  |

\*CVS number is located on the back of your credit card.

If paying by check please mail and make payable to:

**Dancing With Our Stars and mail to:**

**Bellasport  
24305 Town Center Drive, Suite 110  
Valencia, CA 91355**

If paying by credit card  
**FAX this form to: Anna Ott @  
(661) 259-5480**

**ENQUIRIES TELEPHONE: (661) 259-3114**

**Please note:  
Dancing With Our Stars will be reflected  
on your credit card statement.**

PLEASE LIST THE NAMES OF ATTENDEES:

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