



Zelle / Credit Card / Checks

Studio Name : _____

Credit Card

Total \$

Add: 4% Admin Fee:

Please charge this Total Amount \$:

Credit Card Number: _____

Expiration Date: ____/____/____ **Visa and Mastercard only**

CVV: _____ Visa: Mastercard:

Cardholder Signature: _____

Credit Card

Name on Credit Card: _____

Billing Address: _____

City: _____

County: _____

State/Country: _____

Zip/Postal Code: _____

Phone Number: _____

Email Address: _____

Zelle

Zelle to phone number:

619-572-2731

Must include Dancers Name and Studio

(No admin fee :)

Checks

Mail checks to:

**Ballroom Beach Bash
8355 Station Village Ln. Unit 4320
San Diego
CA 92108**

*(See Cancellations/Refund Policy section
Rules and Regulations sheet)*