



DO NOT USE THIS FORM FOR ANY OTHER JAMZ EVENT

CHAMPIONSHIP LOCATION: *Six Flags Magic Mountain - Valencia, CA*

CHAMPIONSHIP DATE:  Sun. 11/5

TEAM: \_\_\_\_\_

ADVISOR/COACH: \_\_\_\_\_

**ORDER INFO:**

HOME  WORK  GYM / STUDIO

All tickets will be mailed out via FedEx. Do not use a PO Box. **NAME:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: (      ) \_\_\_\_\_ :

	Price	x	Total #	=	Amount
<b>Adult Tickets</b> (minimum of 10 for an order)	\$38.00				
				Processing Fee \$	8.99
				<b>TOTAL \$</b>	

**PAYMENT:** Total Amount Due: \$ \_\_\_\_\_

CHECK Check # \_\_\_\_\_  
(One check per team ONLY)

CREDIT CARD:  VISA  M/C  AMEX  
(Full payment ONLY)

CARD #: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

PHONE: (      ) \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>									
DR _____	MOP _____	# _____	DE _____	IP _____	CFM _____	CC _____	ROS _____	WS _____	



DO NOT USE THIS FORM FOR ANY OTHER JAMZ EVENT

CHAMPIONSHIP LOCATION: *Six Flags Magic Mountain - Valencia, CA*

CHAMPIONSHIP DATE:  Sun. 11/5

TEAM: \_\_\_\_\_

ADVISOR/COACH: \_\_\_\_\_

**ORDER INFO:**

HOME  WORK  GYM / STUDIO

All tickets will be mailed out via FedEx. Do not use a PO Box.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: (      ) \_\_\_\_\_

	Price	x	Total #	=	Amount
<b>Adult Tickets</b> (minimum of 10 for an order)	\$38.00				
				Processing Fee \$	8.99
				<b>TOTAL \$</b>	

**PAYMENT:** Total Amount Due: \$ \_\_\_\_\_

CHECK Check # \_\_\_\_\_  
(One check per team ONLY)

CREDIT CARD:  VISA  M/C  AMEX  
(Full payment ONLY)

CARD #: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

PHONE: (      ) \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>									
DR _____	MOP _____	# _____	DE _____	IP _____	CFM _____	CC _____	ROS _____	WS _____	