

Regional Event Ticket Order Form



CUSTOMER INFORMATION

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-Mail Address: _____

ORDER INFORMATION

Event Location & Date	Item Price	Qty.	Total Price
Ticket price includes both Prejudging & Finals events.			
<input type="checkbox"/> Midwest – June 5 (Chicago)	\$30		
<input type="checkbox"/> Delta – August 13 (New Orleans)	\$30		
<input type="checkbox"/> New York – August 20 (New York)	\$30		
<input type="checkbox"/> Texas – August 27 (Houston)	\$30		
<input type="checkbox"/> St. Louis – September 10 (St. Louis)	\$30		
<input type="checkbox"/> Riverside – September 18 (Cincinnati)	\$30		
<input type="checkbox"/> Northwest – September 24 (Seattle)	\$30		
<input type="checkbox"/> Great North – October 1 (Minneapolis)	\$30		
<input type="checkbox"/> Florida – October 8 (Tampa)	\$30		
<input type="checkbox"/> Pacific – October 15 (San Francisco)	\$30		
<input type="checkbox"/> California Championships – October 22 (San Diego)	\$30		
<input type="checkbox"/> Dixie – October 28 (Atlanta)	\$30		
<input type="checkbox"/> Desert Classic – November 5 (Phoenix)	\$30		
Subtotal			
Service Fee			\$3.50
Total Charge			

PAYMENT INFORMATION

Check or Money Order Visa Mastercard Discover Amex

Make Checks Payable and Send or Fax To:
 Fitness Universe
 P.O. Box 646
 Rosemead, CA
 91770 USA
 (626) 292-2221
 Fax

Billing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Card #: _____ - _____ - _____ Expiration: _____ / _____

Issuing Bank: _____ CVV2 Code: _____

Signature: _____ Date: _____ / _____