

NDC

ORDER FORM

2025

AUGUST 21 - 24 AOÛT

TEACHER'S NAME _____

STUDENT'S NAME _____

↓ UNTIL AUGUST 1st

↓ FROM AUGUST 2nd

REGISTRATION FEES

		UNTIL AUGUST 1st	FROM AUGUST 2nd	TAX INCLUDED
PRO-AM	Adult 16 + Single dance	x C\$ 40 =	x C\$ 45 =	
	Adult 16 + Solo exhibition	x C\$ 50 =	x C\$ 55 =	
	Adult 16 + Multi 3 dance	x C\$ 50 =	x C\$ 55 =	
	Adult 16 + Scholarship	x C\$ 65 =	x C\$ 70 =	
	15 & - Single dance	x C\$ 20 =	x C\$ 25 =	
	15 & - Multi 3 dance	x C\$ 25 =	x C\$ 30 =	
	15 & - Scholarship	x C\$ 35 =	x C\$ 40 =	
AMATEUR	Adult 16 + - Couple / Each category	x C\$ 40 =	x C\$ 45 =	
	Adult 16 + - Cabaret	x C\$ 40 =	x C\$ 45 =	
	Adult 16 + - Amateur Mixed Individual Dance	x C\$ 40 =	x C\$ 45 =	
	Adult 16 + - Amateur Mixed Multi 3 dances	x C\$ 50 =	x C\$ 55 =	
	Adult 16 + - Amateur Mixed Multi 5 dances	x C\$ 65 =	x C\$ 70 =	
	Adult 16 + - Amateur Solo / Each dance	x C\$ 20 =	x C\$ 25 =	
	Adult 16 + - Amateur Solo / Multi 3 dances	x C\$ 25 =	x C\$ 30 =	
	Juvenile & Junior - Couple / Each category	x C\$ 20 =	x C\$ 25 =	
	Juvenile, Junior - Amateur Mixed Dance Individual	x C\$ 20 =	x C\$ 20 =	
	Juvenile, Junior - Amateur Mixed Multi	x C\$ 25 =	x C\$ 30 =	
	Juvenile, Junior - Amateur Solo / Each dance	x C\$ 20 =	x C\$ 25 =	
	Juvenile, Junior - Amateur Solo / Multi 3 dances	x C\$ 25 =	x C\$ 30 =	
	Juvenile, Junior - Amateur pre-competitive / Couple	x C\$ 20 =	x C\$ 20 =	
	Juvenile, Junior - Amateur pre-competitive / Single	x C\$ 15 =	x C\$ 15 =	
	Formation per Team	x C\$ 65 =	x C\$ 65 =	
PRO	Each category	x C\$ 125 =		
	Cabaret	x C\$ 100 =		

**ALL COMPETITORS
MUST PAY AN
ADMISSION TICKET
TO GET IN THE BALLROOM**

**TICKETS
NON-REFUNDABLE**

**DEADLINE
AUGUST 1st 2025**

TICKETS	TICKETS FRIDAY	16 +	x C\$ 70 =	x C\$ 75 =
		Juvenile + Junior 15 & -	x C\$ 25 =	x C\$ 30 =
	TICKETS SATURDAY	16 +	x C\$ 70 =	x C\$ 75 =
		Juvenile + Junior 15 & -	x C\$ 25 =	x C\$ 30 =
OPEN SEATING				
	TICKETS SUNDAY	16 +	x C\$ 40 =	
		Juvenile + Junior 15 & -	x C\$ 25 =	

RESERVATION UNDER WHICH NAME :



C\$ **TOTAL**

TAXES INCLUDED

Pay by



**PASSWORD
national25**

PLEASE WRITE
THESE INFORMATION
ON YOUR INTERAC
PAYMENT

Student's Name
Teacher's Name
School Name

or credit card

Name on the card :

Number on the card :

Expiration date :

Security number (CVV)* :

Address : _____ Postal Code/Zip : _____

Signature : _____ Tel. : _____