

ORDER FORM

JULY 3 ➡ 6 JUILLET 2025

NAME _____

(SQUARE LETTERS)

Studio _____

↓ UNTIL JUNE 6

↓ FROM JUNE 7th, 2025



Votre destination pour
un week-end à saveur francophone

2720, rue des Ormeaux
Montréal (Québec) Canada
H1L 4X7
Tél. : (514) 354-2210
Courriel : 2720mtl@gmail.com

www.dansesportmontreal.com

PRO-AM			
ADULTS	Club & Country individual dance	x C\$25 =	x C\$25 =
	Club & Country multi	x C\$40 =	x C\$45 =
	Country line dancing	x C\$25 =	x C\$25 =
	Single dance Adult & Proficiency	x C\$40 =	x C\$45 =
	Solo Exhibition Adult	x C\$60 =	x C\$65 =
	3 - dance Multi Adult	x C\$60 =	x C\$65 =
	Scholarship « Dance Sport Series »	x C\$80 =	x C\$85 =
	L'international de Montréal Championship	x C\$70 =	x C\$75 =
	Special Evening Exhibition	CONTACT MIREILLE VELLEUX 2720mtl@gmail.com	
JUV / JUN / YOUTH	Junior A-B-Youth - Single dance & Proficiency	x C\$25 =	x C\$30 =
	Junior A-B-Youth - Solo Exhibition	x C\$40 =	x C\$45 =
	Junior A-B-Youth - 3 dance Multi	x C\$40 =	x C\$45 =
	L'internat. de Mtl Championship Juv-Jun-Youth	x C\$45 =	x C\$50 =
AMATEUR			
JUV / JUN / YOUTH	Each category	x C\$40 =	x C\$45 =
	Amateur Showdance	x C\$45 =	x C\$50 =
	Juvenile + Junior & Showdance + Youth	x C\$30 =	x C\$35 =
PROFESSIONNAL			
	Open	x C\$125 =	x C\$135 =
	Show Dance	x C\$100 =	x C\$110 =
	Mixed Proficiency	x C\$50 =	x C\$60 =

TAX INCLUDED

NON-REFUNDABLE TICKETS

TICKETS - ALL DAY	THURSDAY OPEN SEATING	FRIDAY	SATURDAY	SUNDAY OPEN SEATING
Table - 1st row	___ x C\$30	___ x C\$55	___ x C\$60	ADULT ___ x C\$35
Table - 2e row & riser	___ x C\$30	___ x C\$45	___ x C\$50	JUVENILE + JUNIOR ___ x C\$20
Juvenile + Junior	___ x C\$20	___ x C\$20	___ x C\$20	
TOTAL TICKETS				

TAX INCLUDED

**DEADLINE
JUNE 7th, 2025**

UNDER WHAT NAME SHOULD WE BOOK THE TICKETS:



GRAND TOTAL

\$CAN

Pay by



**PASSWORD
dsm25**

**PLEASE WRITE
Student's Name
Teacher's Name
School Name**

Merci

or credit card

Name on the card : _____

Number on the card : _____

Expiration date : _____

Security number (CVV)* : _____

Address : _____ Postal Code/Zip : _____

Signature : _____ Tel. : _____