

# Recital Ticket Order Form

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NAME \_\_\_\_\_ DANCERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

Please fill out the number of tickets desired and the amount(s) below.

(office use only)

Friday	6:00p.m.	Number of Tickets _____ X \$12.00 each = _____	Seat # _____
Saturday	12:00 Noon	Number of Tickets _____ X \$12.00 each = _____	Seat # _____
Saturday	5:30p.m.	Number of Tickets _____ X \$12.00 each = _____	Seat # _____
Sunday	12:00 Noon	Number of Tickets _____ X \$12.00 each = _____	Seat # _____
Sunday	5:30p.m.	Number of Tickets _____ X \$12.00 each = _____	Seat # _____

Total Amount enclosed \$ \_\_\_\_\_

Cash or check only, payable to Premiere Dance Academy for the amount of the tickets ONLY. Please do NOT include your tuition payment with your ticket order. Due to the high increase in credit card costs, we will no longer accept credit cards for ticket sales.