

RECITAL T-SHIRT ORDER FORM

DEADLINE – MONDAY, MAY 7

Child's Name: _____

Class: _____ Day: _____ Time: _____

Name Of Dance: _____

Parent's Name: _____

Telephone: _____

Size:

Child Sm N/A Adult Sm _____

Child Med _____ Adult Med _____

Child Lg _____ Adult Lg _____ X/Lg _____

Cost: \$35.00

Quantity Ordered _____ Total Enclosed: _____

Make check payable to: The Dance Corner

Parent – Please Indicate: Cash _____ Check # _____

Received By: _____ Date: _____