

RECITAL TICKET ORDER FORM
SATURDAY - JUNE 9, 2018
*****GENERAL ADMISSION SEATING*****

Name: _____

Telephone: _____

Child's Name: _____

Class: _____ Day: _____ Time: _____

Name of Dance: _____

Teacher's Name: _____

Please Indicate Which Show Your Child Is In:
(A list will be posted on the bulletin board at the studio)

11:00am Show: _____ 2:30pm Show: _____

Ticket Cost: **\$15.00**

of Tickets: _____ Total Enclosed: _____

Parent - Please Indicate: Cash: _____ Check #: _____

*****Please make check payable to: The Dance Corner*****

***If your family is in more than one show, there is NO charge
for your second set of tickets.***

Received By: _____ Date: _____