

TOUCH OF CLASS DANCE STUDIO

2010 Recital

TICKET ORDER FORM

Name: _____

Student(s) Name: _____

Home Phone: _____ Cell Phone: _____

ADA Necessity YES NO Needed for which Show(s) _____

Nature of Handicap: _____ Do you need a Wheelchair? _____

Show #1 Friday, June 4th @ 7:30 p.m. _____ Tickets

Show #2 Saturday, June 5th @ 11:00 a.m. _____ Tickets

Show #3 Saturday, June 5th @ 3:00 p.m. _____ Tickets

Show #4 Saturday, June 5th @ 7:30 p.m. _____ Tickets

Show #5 Sunday, June 6th @ 1:00 p.m. _____ Tickets

Show #6 Sunday June 6th @ 5:00 p.m. _____ Tickets

Total # of Tickets: _____ @ \$20.00 each = \$ _____ Amount Due
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Cash Amount: _____

Check Amount: _____ Check # _____

All checks & money orders made payable to *Touch of Class Dance Studio*.

****Debit Cards can be swiped at the studio****

*****No Credit Cards will be accepted at the studio*****

(Office Use Only)

Drop Off Date: _____ Time: _____

Account #: _____

(Seat logging on back)

Show#1: _____ **Seats** _____

Show#2: _____ **Seats** _____

Show#3: _____ **Seats** _____

Show#4: _____ **Seats** _____

Show#5: _____ **Seats** _____

Show#6: _____ **Seats** _____