

**EMAIL ORDER FORM FOR SATURDAY JUNE 19 AND SUNDAY, JUNE 20 RECITAL TICKETS**

Purchaser Name		Phone Number	
Dancer Name			

**HOW MANY TICKETS DO YOU NEED?? (INDICATE # UNDER EACH SHOW DATE/TIMES)**

SAT. JUNE 19 – 2PM	SAT. JUNE 19 – 6PM	SUN. JUNE 20 – 1PM	SUN. JUNE 20 – 5PM

Total tickets needed for all shows \_\_\_\_\_ x **\$16.00 each\*** = Total Amount Due \_\_\_\_\_

\*Purchased tickets are Non-Refundable

Please charge credit/debit card on file

Please charge credit/debit card # \_\_\_\_\_ EXP \_\_\_\_\_ CVV \_\_\_\_\_

*To help us choose the best tickets for you, please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice for AREAS based on the chart below! We will do our best to pick the best available seat in the area you prefer if available.*

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1<sup>st</sup> choice section description

2<sup>nd</sup> choice section description

3<sup>rd</sup> choice section description

**PLEASE EMAIL/SCAN THIS FORM BACK TO STUDIO OFFICE: [info@cecildancecenter.com](mailto:info@cecildancecenter.com) OR YOU CAN PUT IN EITHER STUDIO DROP BOX FOR OFFICE PERSONNEL TO PROCESS**

