

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 1st, 2nd and 3rd 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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1st choice section description

2nd choice section description

3rd choice section description

PLEASE EMAIL/SCAN THIS FORM BACK TO STUDIO OFFICE: info@cecildanccenter.com OR YOU CAN PUT IN EITHER STUDIO DROP BOX FOR OFFICE PERSONNEL TO PROCESS

