

**Metro Dance Center
2010 Spring Performance
TICKET ORDER FORM**

Purchaser's Name _____

Dancer's Name _____

Dancer's Class Day/Time/Teacher _____

Home Phone # (_____) _____

Note: Please fill out a separate form for each show.

<u>SHOW #</u>	<u>QUANTITY</u>
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#1 Friday, June 11 @ 6:00 pm	_____
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#2 Saturday, June 12 @ 1:00 PM	_____
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#3 Saturday, June 12 @ 6:00 PM	_____
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#4 Sunday, June 13 @ 1:00 PM	_____
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#5 Sunday, June 13 @ 6:00 PM	_____
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#6 Monday, June 14 @ 6:00 PM	_____
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Total tickets ordered _____ x \$9.50 each = \$ _____

OFFICE USE ONLY

Check # _____ Date received _____ Check Amount _____ Received by _____

Seat assignments _____