



Touch of Class Dance Studio
The Nutcracker

TICKET ORDER FORM

Name: _____

Student Name: _____

Home Phone: _____ Cell Phone: _____

ADA Necessity: ___ Yes ___ No Need for which Show (s): _____

Nature of Handicap: _____

Name of Person seat is for:: _____

Show #1 Saturday, December 3rd @ 3:00 P.M. _____ Tickets

Show #2 Saturday, December 3rd @ 7:30 P.M. _____ Tickets

Total # of Tickets: _____ @ \$20.00 each

Cash Amount: _____

Check Amount: _____ Check #: _____

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

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

*****3% Surcharge will be applied to Credit Cards*****

(Office Use Only)

Drop Off Date: _____ Time: _____ Account#: _____

Show #1: _____ Seats: _____

Show #2: _____ Seats: _____