

# TICKET REQUEST FORM

\*\*\* Please note that ticket request forms will not be accepted at the office until **May 29<sup>th</sup>**\*\*\*

Student Name: \_\_\_\_\_

You will be given the **best available seats** based upon your choice. Tickets will be available for pickup in the office on **May 21<sup>st</sup>**

## **SATURDAY, June 9<sup>th</sup> @ 4:00 pm**

Number of tickets that your family wishes to purchase for this performance\* \_\_\_\_\_

Seat Location preference:

1<sup>st</sup> Choice: Right \_\_\_\_\_ Right Center \_\_\_\_\_ Left Center \_\_\_\_\_ Left \_\_\_\_\_ Best Available \_\_\_\_\_

2<sup>nd</sup> Choice: Right \_\_\_\_\_ Right Center \_\_\_\_\_ Left Center \_\_\_\_\_ Left \_\_\_\_\_ Best Available \_\_\_\_\_

## **SUNDAY, June 10<sup>th</sup> @ 3:00 pm**

Number of tickets that your family wishes to purchase for this performance\* \_\_\_\_\_

Seat Location preference:

1<sup>st</sup> Choice: Right \_\_\_\_\_ Right Center \_\_\_\_\_ Left Center \_\_\_\_\_ Left \_\_\_\_\_ Best Available \_\_\_\_\_

2<sup>nd</sup> Choice: Right \_\_\_\_\_ Right Center \_\_\_\_\_ Left Center \_\_\_\_\_ Left \_\_\_\_\_ Best Available \_\_\_\_\_

Total Number of Tickets: \_\_\_\_\_

X price per ticket:     \$28  
(including tax)

= Total Amount Enclosed:



*\* Please remember **anyone** planning to attend needs a ticket, regardless of age. This includes small children.*

*Also, please note if you require special needs or wheelchair seating.*



Please fill this form and return by mail no earlier than  
**Monday, April 23<sup>rd</sup>, 2012 with payment.**  
Requests postmarked earlier than April 23<sup>rd</sup> will be returned.  
Please make all checks payable to Dance Designs.

**Dance Designs**  
**Center for Dance and The Performing Arts**  
**P.O. Box 1121**  
**Fair Lawn, NJ 07410-8121**

\*\*\*TICKET ORDERS WILL **NOT** BE PROCESSED AND YOUR TICKETS WILL **NOT** BE RESERVED IF THERE IS AN OUTSTANDING BALANCE ON YOUR ACCOUNT \*\*\*

THERE ARE NO REFUNDS OR EXCHANGES ON TICKETS.