

Coastal Dance Company
presents
Atlantic Coast Academy of Dance's
Nutcracker Gala 2009

Name _____ Telephone _____

Mailing Address _____

Email Address _____

Please mail my tickets _____ (if ordered before December 1st)

Please hold at box office _____ under the name of _____

Choose performance you wish to attend:

_____ Saturday December 12, 2009 at 4:00 PM

_____ Sunday December 13, 2009 at 2:00 PM

All Seats are Reserved

SELECT SECTION:

_____ A - \$25.00 _____ B - \$20.00 _____ C - \$20.00 _____ D - \$15.00

Number of tickets _____ x \$ _____ .00 Price per ticket

Total = \$ _____

Please make checks payable to **Atlantic Coast Academy of Dance (or ACAD)**
or complete credit card information (VISA, MC only – NO American Express or Discover):

Card Holder Name: _____

Credit Card #: _____ VISA ___ MC ___

Expiration Date: ____/____ (Month/Year) CSV()

Send completed order form with payment to:

Coastal Dance Company, 49 John Maki Road, W. Barnstable, MA 02668