

Coastal Dance Company
presents
Atlantic Coast Academy of Dance's
Nutcracker Gala 2011

Name _____ Telephone _____

Mailing Address _____

Email Address _____

Please mail my tickets _____ (if ordered before December 1st) or
Please hold at box office _____ under the name of _____

All Seats are Reserved

Choose performance you wish to attend:

_____ Saturday December 10, 2011 at 2:00 PM _____ Sunday December 11, 2011 at 2:00 PM

SELECT SECTION:

Orchestra Seating: _____ **A** - \$30.00 _____ **B** - \$25.00 _____ **C** - \$20.00

Loge Seating: _____ **D** - \$20.00 _____ **E** - \$15.00

Price per ticket _____ x _____ number of tickets

Total = \$ _____

NOTE: All Nutcracker ticket sales are **FINAL**; all tickets are non-refundable and non-exchangeable.

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