

Coastal Dance Company
presents
Spring Repertory Performance 2008
Friday May 16th ~ 7:30 PM

Name _____ Telephone _____

Mailing Address _____

Email Address _____

Please mail my tickets _____ (if ordered before May 7th)

Please hold at box office _____ under the name of _____

All Seats are General Admission

SELECT:

_____ # tickets x \$20.00 Adults

_____ # tickets x \$15.00 Seniors (65 & over)

_____ # tickets x \$15.00 Child (12 & under)

Total = \$ _____

Please make checks payable to **Coastal Dance Company**

or complete credit card information (VISA, MC – NO American Express or Discover):

Card Holder Name: _____

Credit Card #: _____ VISA ___ MC ___

Expiration Date: ____/____ (Month/Year) Billing Zip Code: _____

Send completed order form with payment to:

Coastal Dance Company, 49 John Maki Road, West Barnstable, MA 02668