

Ovations Dance Studio
Spring Show Ticket Request Form (Web Version) - Year 20_____

SHOW #1

SATURDAY 6:00PM: for exact date – see online calendar for this year’s dates

1. DANCER(S) First Name _____ Last Name _____

2. # of Tickets : _____ (Please Note: Tickets will only be sold to a family if their dancer(s) are performing in that show. Limit-12 tickets per family)
Are any of your guests in need of a handicap accessible seat? Yes _____ No _____
Of your total # of tickets, how many Handicap Seats are you requesting? # _____ (2 MAX- limited availability)
How many of the above number requested are in a wheel chair? # _____

3. Please indicate below where you would prefer to sit **IF THE TICKETS ARE AVAILABLE**: Please circle:

STAGE

left AUDIENCE center right or best available

4. Total payment enclosed: \$ _____

Office Use Only:	Date:	Method:	Balance Info:	Initial:	HC?: YES or NO
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Spring Recital Ticket Form – Web version: Year 20_____

Lottery System

ALL Ticket Request Forms will be put into a pool and randomly pulled. **ONLY** those forms accompanied by **FULL PAYMENT WILL BE INCLUDED. NO EXCEPTIONS!!**

Limit - 12 (TWELVE) tickets per family.

Tickets will only be sold to a family if their dancer(s) are performing in that show(s).

(Any remaining tickets will go on sale the Monday after ticket deadline. See online calendar for this year’s date deadlines. There are minimum Handicap seats available. If you would like 2 handicap seats together in pit so your guest is sitting with someone they know, please notate this in section 2. We will try to fulfill all requests, but can only do so if seats are available.

TICKETS ARE \$15.00 EACH - No Photography or video recording of any kind at the Spring Shows.

Deadline for Ticket Request Forms: see online calendar for this year’s dates and deadlines.

NO EXCEPTIONS!!!

Phone requests WILL NOT be taken!

TICKETS WILL NOT BE SOLD TO ANY FAMILY WHO HAS A BALANCE AT THE TIME OF SALE.

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SHOW #2

SUNDAY 12 NOON: for exact date – see online calendar for this year’s dates

1. DANCER(S) First Name _____ Last Name _____

2. # of Tickets : _____ (Please Note: Tickets will only be sold to a family if their dancer(s) are performing in that show. Limit-12 tickets per family)
Are any of your guests in need of a handicap accessible seat? Yes _____ No _____
Of your total # of tickets, how many Handicap Seats are you requesting? # _____ (2 MAX- limited availability)
How many of the above number requested are in a wheel chair? # _____

3. Please indicate below where you would prefer to sit **IF THE TICKETS ARE AVAILABLE**: Please circle:

STAGE

left AUDIENCE center right or best available

4. Total payment enclosed: \$ _____

Office Use Only:	Date:	Method:	Balance Info:	Initial:	HC?: YES or NO
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