



RECITAL TICKET ORDER FORM

\$23 PER TICKET CASH/CHECK

\$25 PER TICKET CARD

\$25 PER TICKET AT THE DOOR

PURCHASER NAME: _____

STUDENT NAME: _____

EMAIL: _____

**ALL ATTENDEES MUST PURCHASE A TICKET REGARDLESS OF AGE
PER MACOMB CENTER POLICES**

	QUANTITY			
	STANDARD	HANDICAP		
SHOW 1 - FRI 6/26 - 6:00PM			X \$.00 =
	STANDARD	HANDICAP		
SHOW 2 - SAT 6/27 11:00AM			X \$.00 =
	STANDARD	HANDICAP		
SHOW 3 - SAT 6/27 6:00PM			X \$.00 =
	STANDARD	HANDICAP		
SHOW 4 - SUN 6/28 1:00PM			X \$.00 =

PLEASE SELECT METHOD OF PAYMENT

CHARGE ACCOUNT ON FILE _____ CASH _____ CHECK NUMBER: _____

CREDIT/DEBIT CARD: _____ EXP: _____ SC: _____

NAME ON CARD: _____

BILLING ZIP: _____

AMOUNT PAID: _____