

CONCERT ORDER FORM

Please turn in by January 6, 2012

Performer(s) Name(s): _____

Parent's Name _____

VOLUNTEER	See Page 8	<p>Please place a #1 by your first choice, #2 by your second, etc. If you are willing to do more than one, please place a number 1 by all choices. Thanks!. We will contact you once final assignments have been made.</p>										
			Photo Shoot @ WBC January 6 3:30-7:00	Run Through @ WBC Jan 7 12:00-2:00	Dress Rehearsal @ WBC January 14 12:00-2:30	Tech Reh for Walls @ Scera January 17 5:00-7:00	Dress Rehearsal @ Scera January 18 3:30-8:00	Thursday Perform. January 19 @ SCERA 6:15-9:00	Friday Perform. January 20 @ SCERA 6:15-9:00	Saturday Perform. January 21 @ SCERA 6:15-9:00	Cast Party January 21 @ WBC 9:00-11:00	
		Ruby Chaperone	X			X					X	
		Pixie Chaperone	X			X					X	
		Dressing Room Help	X	X	X	X					X	
		Flower Assembly	X	X	X	X	X	X			X	
		Stage Assistant	X	X							X	
		Strong Assistant	X	X							X	
Misc Help		X										
TICKETS	Page 9	<p>Please note that children 3 & under will not be admitted!</p>										
				Quantity Thursday		Quantity Friday		Quantity Saturday		TOTAL TICKETS		
		\$5 Credit on your account will be received AFTER a volunteer shift!		Adult: \$12 each						Total Price \$		
DVDs	P. 9	<p>OPTIONAL Labyrinth will be professionally recorded on Saturday night.</p>										
		DVDs \$25 (after January 14th, DVDs will be \$30)								Total Price \$		
DANCE PHOTOS	See Page 10	<p>OPTIONAL **One Order per Role. For additional options, speak with photographer day of shoot.</p>										
								Package A \$16	Package B \$21			
		Dancer's Name & Role										
		Dancer's Name & Role										
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		Dancer's Name & Role										
								Total Price \$				
T-shirts	P. 11	<p>OPTIONAL</p>										
		Concert T-shirts with Cast Names \$12 (children's) or \$16 (adult)						Size	Size	Total Price \$		
FLOWERS	Page 11	<p>OPTIONAL</p>										
								Thursday Night	Friday Night	Saturday Night		
		1 Rose Bouquet \$5										
3 Rose Bouquet \$10									Price \$			

TOTAL DUE:

PAYMENT OPTIONS:

RECORDED
CDW

SUB TOTAL (add Totals from above) \$ _____

TAX (subtotal x .0675) _____

\$3 fee if paying by Credit Card \$0 _____

GRAND TOTAL
\$ _____

____ Payment by Cash or Check # _____ (written to WBC)

____ Payment by Autopay on File at WBC

____ Payment by other Credit/Debit Card (VISA & MC only)

CARD NUMBER

EXP DATE