

Défilé 2019 Ticket Lottery – “BLUE CONCERT”

JR JAZZ 2 – 6

JR LYRICAL A & B

JR TAP 3 – 6

TWEEN TAP

BROADWAY DANCE 1 – 4

JR HIP-HOP 1 – 4

Saturday, May 25th, 2019 at 5:15p @ CARMEL HIGH SCHOOL AUDITORIUM

- Completed ticket order forms can be dropped off in our office any time during regular business hours beginning **Monday, February 18th**. The deadline to drop off order forms for the ticket lottery is **Saturday, March 23rd** @ 2:00p. Ticket order forms submitted after the deadline **will not be included in the lottery.**
 - There is no limit to the quantity of tickets you are allowed to purchase. Order forms will be randomly selected and tickets will be assigned according to “best available seating” as each order is pulled. All audience members attending concerts at Carmel High School Auditorium must have a ticket in order to enter the theatre, regardless of age.
 - A SEPARATE ORDER FORM MUST BE COMPLETED FOR EACH CONCERT, as well as separate payment for each concert. **Do not submit one payment for multiple concert orders.**
 - Place the completed order form in an envelope marked with your child(ren)’s **FIRST & LAST** name(s) and the **COLOR OF THE CONCERT** for which you are ordering tickets. ***Only one order form per envelope!***
EXAMPLE:
- Sarah Johnson
“BLUE CONCERT”
- Your pre-paid tickets will be available for pick-up in the DCN office on Monday, April 1st. We will not mail tickets to your home.
 - Tickets for remaining seats may be purchased through the DCN office after the ticket lottery is complete.

PLEASE FILL IN THE FOLLOWING INFORMATION TO RESERVE TICKETS FOR THE “BLUE CONCERT” ON SATURDAY, 5/25 @ 5:15 pm

RESERVED SEATING TICKETS – \$13.00 each *(no limit)*

of Tickets _____ x \$13.00 = (total) _____

Payment must be made either by cash or check *(made payable to Dancenter North).*
No charge payments will be accepted during the ticket lottery!

Parent/Guardian Name _____ Student(s) _____

Telephone _____ ← Check this box if you are ordering tickets for multiple concerts

← We need handicap-accessible / special seating *(please specify)* _____

FOR OFFICE USE ONLY

Total Tickets _____ Seat #s _____

Date _____ Total Paid \$ _____ Check # _____ Cash _____ Invoice ID _____