

Défilé 2020 Ticket Lottery – PINK CONCERT – Sat, 5/23 @ 1:00 pm

- Défilé tickets are reserved seating and are assigned via a lottery. All tickets are \$13 each.
- Order forms may be submitted between **February 17th** and **March 21st** to be entered into the lottery.
- Drop off completed order forms during regular business hours only (Mon, Tues, Thurs 11-8; Wed 10-8; Sat 9-3).
- The deadline to drop off order forms for the ticket lottery is **Saturday, March 21st @ 3:00 pm**.
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 & tickets will be assigned according to “best available seating” as each order is pulled. All audience members must have a ticket in order to enter the theatre, regardless of age.

HOW TO SUBMIT YOUR TICKET ORDER FORM

- Submit separate order forms/payments for each color concert.
- Do not combine order forms or payments for multiple concerts!
Combined orders will automatically be placed at the end of the ticket lottery process.
- Payment must be made either by **cash or check** (*made payable to Dancenter North*).
No credit card payments will be accepted during the ticket lottery.
- Put this 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.
- Your pre-paid tickets will be available for pick-up in the DCN office on Mon, March 30th.
We will not mail tickets to your home.
- Additional tickets (if not sold out) may be purchased after the ticket lottery is complete.

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

QTY TICKETS _____ x \$13.00 = _____

STUDENT NAME(S) _____

PARENT/GUARDIAN NAME(S) _____

PHONE # _____

← Check this box if you have submitted order forms for multiple concerts

← Check this box if you need handicap-accessible seating (*please specify below*)

FOR OFFICE USE ONLY

Total Tickets _____ Seat #s _____

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