

RECITAL ORDER FORM

Student Name: _____

Parent/Guardian Name: _____

Contact Information:

Email: _____

Phone: _____

Recital T-shirt (Required for Finale Dancers) (Due May 15th)



*Note: All sizes will be ordered in regular cut.
Note: Please indicate the quantity of each size.*

Youth Size T-Shirts - \$20 each.

X-Small: _____ Small: _____ Medium: _____ Large: _____ X-Large: _____
Total \$ _____

Adult Size T-Shirts - \$20 each up to XL. Add \$2 per "X" after XL.

X-Small: _____ Small: _____ Medium: _____ Large: _____ X-Large: _____
2X-Large: _____ 3X-Large: _____
Total \$ _____
Total this Section \$ _____

Recital Flowers



(Due May 15th)

Flower orders, catered by The Purple Tulip, can be picked-up in the front lobby of the MHS Auditorium the day of recital.

Wild Flower Mix

Small:	\$15 x Quantity _____ =	Total \$ _____
Medium:	\$20 x Quantity _____ =	Total \$ _____
Large:	\$25 x Quantity _____ =	Total \$ _____

Crazy Daisies

Medium:	\$25 x Quantity _____ =	Total \$ _____
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Roses (circle red, yellow, or pink)

6 Roses (red, yellow, pink):	\$36 x Quantity _____ =	Total \$ _____
12 Roses (red, yellow, pink):	\$56 x Quantity _____ =	Total \$ _____

Total \$ _____ x 1.07 (tax) = Total this Section _____

Total this Page: _____

RECITAL ORDER FORM

(All recital orders benefiting The P.A.C.E. Studio's performance dancers must be made by cash or check.)

Student Name: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____



Souvenir Medal

(Due May 17th)

(All profits from Medal sales benefit The P.A.C.E. Studio's performance dancers.)

*Receive a medal with "The PACE Studio Recital 2019" engraved on the back.
We will have a sample hanging up in the lobby of the studio.*

Quantity ____ x \$10 per Medal =

Total \$ _____

Total this Section \$ _____



Best Wishes

(Due May 31st)

(All profits from best wishes sales benefit The P.A.C.E. Studio's performance dancers.)

- \$10 to feature in recital program.

Must be 25 words or less. Please write in print.

Quantity ____ x \$10 =

Total \$ _____

Total this Page \$ _____

Blu-ray Orders

(Due June 12th)



Student Name: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Shipping Address (*optional*): _____

* Blu-ray Disc(s) _____ (Quantity) x \$30 = \$ _____.

* Shipping Option _____ x \$5.00 = \$ _____.

Total \$ _____.