

BLUE OAKS PTC

Working together for our students

Starstruck Showcase Ticket Order Form

Student Name _____ Teacher Name _____

Parent Name _____ Phone Number _____

Email _____

Number of Tickets for (*Choose up to four total tickets per student/Check your student's performance night!*):

Wed, Feb 3rd, 6:00 pm _____ Wed, Feb 3rd, 7:00 pm _____

Thus, Feb 4th, 6:00 pm _____ Thurs, Feb 4th, 7:00 pm _____

Total Number of Paid Tickets (*Not to exceed 4*) _____ x \$3.00 = Ticket Total \$ _____

No of Children Under 2 Years Old (*Lap-sitting only-No charge-We just need to know how many.*) _____

Check one: Cash _____ Check _____ Credit Card _____ *Please make checks payable to Blue Oaks PTC.*

Credit Card # _____ Expiration Date _____ 3 Digit Security Code _____

Cardholder Name _____ Billing Zip Code _____

Please return entire form.