

TRILOGY SCHOOL OF PERFORMING ARTS
490 E. ILLINOIS ROUTE 22
LAKE ZURICH, IL 60047
PHONE 847.438.6424
FAX 847.726.0491
www.TrilogyDance.com

WEDNESDAY, JUNE 2rd, 2010 – 6:30 PM
THURSDAY, JUNE 3rd, 2010 – 7 PM

LAKE ZURICH PERFORMING ART CENTER
300 MAIN – LAKE ZURICH, IL 60047

Please return the following form filled out by May 10th, along with payment, cash or checks made out to **Trilogy**. We will number the requests as they come in to prioritize the seat assignment.

Name: _____

Dancer's Name _____

Address: _____

Phone: _____ E-mail: _____

N. of tickets requested (up to ten): _____ x \$ 15.00 each = \$ _____

Recital Date (please circle):

**** WEDNESDAY, June 2nd – 6:30 pm SHOW ****

**** THURSDAY, June 3rd – 7:00 pm SHOW ****

I would like to purchase more tickets in addition to the maximum number available during the first release: _____ tickets (to be paid upon confirmation of availability).

We are in need of _____ handicap seats (please, indicate only the seats to be assigned for handicap, we will be happy to add one chaperone to that, but we need to be fair to all special requests).

THANK YOU!