

ORDER FORM

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

PLEASE INDICATE YOUR TICKET PREFERENCES:

Name of Event You Wish to Attend: _____ Date of Event: _____
(Please refer to website ticketing page for this information)

Number of Tickets to Event: _____ @ \$ _____ each

Total for my order: \$ _____

How did you hear about this event? _____

PAYMENT INFORMATION:

Method of Payment*:

_____ Check made payable to Professional Flair, Inc.

_____ MasterCard _____ Visa _____ American Express

Credit Card Number _____ Exp. Date _____

**Please note that a service fee is applicable to credit card transactions. MasterCard: 4.32%, Visa: 4.325%, AmEx: 2.85%.*

Please fax completed order form to 216.432.0308 or mail (with payment) directly to:
The Dancing Wheels Company & School, 3615 Euclid Avenue, 3rd Floor, Cleveland, Ohio 44115

Upon receipt of this form, you will be contacted to confirm your order.

