

THE COMMONWEALTH CLASSIC

ADMISSION TICKET ORDER FORM

Important: Please list one name for each ticket to be picked up at door.

SESSION TICKETS

JR & College SESSION TICKETS

NAME (1 per line) Please Print	SESSION TICKETS						JR & College SESSION TICKETS						TOTAL
	1	2	3	4	5	6	JC1	JC2	JC3	JC4	JC5	JC6	
	Fri eve	Sat am	Sat aft	Sat pm	Sun am	Sun aft	Fri eve	Sat am	Sat aft	Sat pm	Sun am	Sun aft	
	\$35	\$20	\$20	\$40	\$25	\$20	\$20	\$10	\$10	\$25	\$15	\$10	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

Deadline for Advance Purchase Tickets: WED, OCTOBER 26, 2011

Total Fees Due for This Sheet \$ _____

STUDIO INFORMATION

Name _____
 Contact person _____
 Address _____
 City _____ State _____ Zip _____
 Phone: Studio () _____
 Cell () _____
 E-Mail Address _____

Please make checks payable to:
 THE COMMONWEALTH CLASSIC
 Mail to:
 THE COMMONWEALTH CLASSIC
 c/o Gail Rundlett
 P.O. Box 35448
 Brighton, MA 02135

Please be sure to complete and sign the release form on the reverse side