

COPA RECITAL PROGRAM

Student Name: _____

Parent Name: _____

Phone Number: _____ Email: _____

PERSONAL AD:

____ Eighth Page \$25.00

____ Quarter Page \$40.00

____ Half Page \$75.00

____ Whole Page \$150.00

____ \$10.00 -Send in picture and what you want to say and the ad will be created for you.

Ad turn in deadline is Monday, February 19, 2012

SPONSOR (FOR TEAM MEMBERS ONLY):

Sponsor Name: _____

____ Platinum \$100.00

____ Gold \$75.00

____ Silver \$50.00

____ Bronze \$25.00

____ Other

RECITAL PROGRAM ORDER FORM

You will receive 1 Recital Program per recital fee. If you need additional programs please list quantity below. There will be limited amount available at recital.

Quantity _____ x \$10.00 = _____

Checks should be made payable to CENTRE STARS DANCE TEAM

If you have any questions, you may contact any of the following:

Ann Moore – esemoore@gmail.com or 336-684-6555

Barbara Downs – bdowns@triad.rr.com or 336-212-0412

April Bradsher – albrad@bellsouth.net or 336-263-5000

Total Amount Paid: _____ Cash ____ Check ____ Check # _____

Code _____