



Northeast Dance Center

DANCEWEAR ORDER FORM
2015 – 2016 DANCE SEASON

STUDENT NAME(S): (Last) _____ (First) _____			
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
EMAIL: _____			
PARENT/GUARDIAN: _____		PHONE#: _____	
MAIN CLASS/LEVEL: _____		DATE/TIME: _____	
DANCEWEAR (ITEM #)	COLOR	SIZE	PRICE
		Tax (7.125% for shoes only)	
TOTAL ITEMS:		Total Price	\$ _____
FOR OFFICE USE: _____ Paid _____ Date Paid _____ Date Ordered _____ Received _____ Check Number			