SEASONS DANCE PRODUCTION COSTUME ORDER FORM

STUDENT FULL NAME: .....

PLEASE USE THE COSTUME CATALOGUE TO FILL IN YOUR ORDER BELOW.
PLEASE USE ONE FORM PER CHILD

CLASS ROUTINE NAME OR THEME	CLOTHING AGE	**PRICE**

PLEASE SELECT YOUR METHOD OF PAYMENT and post your form in the post box outside the Mayhem office . (If paying cash these must be in a secure envelope)

☐ I have paid cash together with my form on ..... (date)

☐ Please invoice me for my costumes. I understand this must be paid in full by <u>SATURDAY 15TH FEBRUARY 2025</u>

Invoice no.
(Office use only)

TOTAL £