

# THE COMMONWEALTH CLASSIC

## ADMISSION TICKET ORDER FORM

### SESSION TICKETS

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

NAME (1 per line)	Please Print	SESSION TICKETS					TOTAL		
		PKG	Age A/S/J	1 Sat am	2 Sat aft	3 Sat pm		4 Sun am	5 Sun aft
		\$115		\$20	\$20	\$35	\$20	\$25	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Total Fees Due for This Sheet \$ \_\_\_\_\_

**Deadline for Advance Purchase Tickets: THURSDAY, OCTOBER 25, 2007**

### STUDIO INFORMATION

Name \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Studio ( ) \_\_\_\_\_  
 Home ( ) \_\_\_\_\_  
 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*