

| I have               | FREE Teacher Seats              | PAYI  | VIENI FO          | ORM                  |          |              |
|----------------------|---------------------------------|---|-------------------|----------------------|----------|--------------|
| I have rese          | rved seats for Ch               | ildren/Pare                                     | ents at \$7.00 ea | ach to see Stephen F | ite in   |              |
| My Confirmation # is |                                 | Total amount enclosed is \$ or P.O. # is        |                   |                      |          |              |
| Please mak           | ke checks payable to <b>Mel</b> | ody House                                       | or attach your    | P.O. This form must  | accompa  | iny payment. |
| Name:                |                                 |   | Email Address     | <b>:</b> :           |          |              |
| School:              |                                 |   | Address:          |                      |          |              |
| City:                |                                 | State:  | Zip:              | Telephone:           | /        |              |
| Fax:                 | /                               | Please mail/email/fax this form and payment to: |                   |                      |          |              |
|                      | Melody House In                 | c. Attn: C                                      | Concerts PO       | Box 32433 Edmon      | d OK 730 | 03           |
|                      | Fax: 405                        | -840-3384                                       | concerts@n        | nelodyhousemusic.co  | om       |              |



| I have FREE Teacher S      | eats PAYMENT FORM                                  |   |  |  |  |
|----------------------------|--|---|--|--|--|
| I have reserved seats      | s for Children/Parents at \$7.00 each to see S     | stephen Fite in                                 |  |  |  |
| My Confirmation # is       | Total amount enclosed is \$                        | or P.O. # is                                    |  |  |  |
| Please make checks payable | to <b>Melody House</b> or attach your P.O. This fo | orm must accompany payment.                     |  |  |  |
| Name:                      | Email Address:                                     |   |  |  |  |
| School:                    | Address:   |   |  |  |  |
| City:                      | State: Zip: Tele                                   | phone:/   |  |  |  |
| Fax:/                      | Please mail/email/fax this                         | Please mail/email/fax this form and payment to: |  |  |  |

Melody House Inc. Attn: Concerts PO Box 32433 Edmond OK 73003

Fax: 405-840-3384 concerts@melodyhousemusic.com