



I have _____ FREE Teacher Seats

PAYMENT FORM

I have reserved _____ seats for Children/Parents at \$7.00 each to see Stephen Fite in _____.

My Confirmation # is _____. Total amount enclosed is \$_____ or P.O. # is _____.

Please make checks payable to **Melody House** or attach your P.O. This form must accompany payment.

Name: _____ Email Address: _____

School: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: ____/____ - _____

Fax: ____/____ - _____ *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



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