

TICKET PURCHASE FORM

FRIDAY, MARCH 27 AT 7:30PM

Total Desired Tickets = _____ General \$50
Total Desired Tickets = _____ Preferred \$75
Total Desired Tickets = _____ Premium \$125*
*includes post-performance cast party

SATURDAY, MARCH 28 AT 1:00PM

Total Desired Tickets = _____ General \$50
Total Desired Tickets = _____ Preferred \$75

SATURDAY, MARCH 28 AT 7:30PM

Total Desired Tickets = _____ General \$50
Total Desired Tickets = _____ Preferred \$75
Total Desired Tickets = _____ Premium \$125*
*includes post-performance cast party

I am unable to attend, please accept my donation of \$ _____

ORDER INFORMATION

PAYMENT METHOD

- VISA
- MASTERCARD
- AMEX
- DISCOVER
- CHECK

BILLING INFORMATION

TOTAL \$ _____
CARD # _____ EXP _____ CVV _____
NAME _____
BILLING ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

SIGNATURE _____

SOLICITED BY _____

Fair Market Value: \$45 for premium ticket, \$25 for general & preferred tickets

PROCEEDS FROM THIS EVENT SUPPORT THE CARE, SERVICES, EDUCATION,
AND RESEARCH THAT CHOC CHILDREN'S PROVIDES TO CHILDREN IN OUR COMMUNITY.