

2009-2010 SEASON TICKET ORDER FORM

OFFICE USE ONLY

NAME _____

(Please Print)

ADDRESS _____ PHONE _____

CITY _____ ST _____ ZIP _____

FIRST WEEK (CIRCLE ONE) SECOND WEEK

THU 7 PM

FRI 8 PM

SAT 8 PM

SUN 2 PM

WED 7 PM

THU 7 PM

FRI 8 PM

SAT 2 PM

SUN 2 PM

SECTION A

NUMBER

ADULT _____ @ \$80.00 \$ _____

STUDENT _____ @ \$40.00 \$ _____

SECTION B

NUMBER

ADULT _____ @ \$72.00 \$ _____

STUDENT _____ @ \$36.00 \$ _____

_____ MAIL my tickets @ a handling charge of \$2.00 \$ _____

_____ I will PICK UP my tickets at the box office
after September 1st.(There is no handling charge)

_____ I want to pay by credit card. _____

_____ I'd like to make a contribution to the Guild \$ _____

_____ RENEWAL _____ NEW SUBSCRIPTION

_____ MY CHECK is enclosed **TOTAL** \$ _____**MAKE CHECKS PAYABLE TO VERO BEACH THEATRE GUILD**