

# RUDDIGORE

## TICKET ORDER FORM

Family Last Name  
PLEASE PRINT

FOR OFFICE USE ONLY		
DATE PROCESSED		
SHOW DATE	SEAT #S	
M	PU	BO
CLERK	TT	

Ordering tickets is as easy as 1-2-3!

### 1. TICKET/SEATING INFORMATION

Please indicate below *HOW MANY* tickets you are ordering under the show you want to see.

	Fri 11/5 8 pm	Sat 11/6 8 pm	Sun 11/7 2 pm	Fri 11/12 8 pm	Sat 11/13 8 pm	Total # Tickets
Adult (\$15)						
Senior 65+ (\$12)						
Student (\$12)						

If **wheelchair space** is needed, indicate which of the above tickets require this space \_\_\_\_\_

Would you like to make any **special requests** regarding your seating? \_\_\_\_\_

We will fill your seating requests based on ***the best available seating at the time the order is processed.***

### 2. WOULD YOU LIKE TO BECOME A VLO FRIEND?

*I (we) would like to help. Please accept my (our) donation as a (please check):  
(Please make sure you indicate your ticket choices above.)*

- FRIEND** (For a \$50 donation, you get any 2 performance tickets.)
- GOOD FRIEND** (For a \$75 donation, you get any 3 performance tickets.)
- VERY GOOD FRIEND** (For a \$100 donation, you get any 4 performance tickets.)

If we receive your donation before **October 14**, we can recognize you in our program.

- Please list my (our) name(s) in the program as follows \_\_\_\_\_
- Please DO NOT list my/our names in the program.

*Note: If you indicate that you need tickets **in addition** to those you receive with your donation, please add the cost of the additional tickets to your payment and they will be sent to you with those ordered above. All your seats will be together.*

### 3. PAYMENT INFORMATION

'Friend' amount: \$	Name (First, M.I., Last)	
Regular ticket cost: \$	Mailing Address	
Total payment: \$	City/State/Zip	
	Telephone:	Email:

**MAIL TO:**

Town of Amherst  
Leisure Services Department  
70 Boltwood Walk  
Amherst, MA 01002

- My/our check, payable to 'Town of Amherst,' is enclosed.
- Charge my:  Visa  MasterCard  Discover

Card No. _____ - _____ - _____ - _____	Exp. ____ / ____
Authorized Signature	Date

**Please enclose a stamped, self-addressed envelope along with this form and your check (or your credit card details).**