

# The Mikado

Family Last Name  
PLEASE PRINT

<i>For office use only</i>		
Show Date		
Seats		
M	PU	BO
Clerk		TT
Date Filled		

## Ticket Order Form

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 11/2 8 pm	Sat 11/3 8 pm	Sun 11/4 2 pm	Fri 11/9 8 pm	Sat 11/10 8 pm	Total # Tickets
Adult (\$18)						
Senior 65+ (\$15)						
Student (\$15)						

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 try to accommodate seating requests based on **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 \$60 donation, you get any 2 performance tickets.)  
 **GOOD FRIEND** (For a \$90 donation, you get any 3 performance tickets.)  
 **VERY GOOD FRIEND** (For a \$120 donation, you get any 4 performance tickets.)

If we receive your donation before **October 12**, we can recognize you in our program.

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

**Notes for donors:** *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: \$ \_\_\_\_\_ + Additional Tickets Cost: \$ \_\_\_\_\_ = Total Enclosed: \$ \_\_\_\_\_

Name (First, M.I., Last): \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mail to:** Town of Amherst, Leisure Services Department, 70 Boltwood Walk, Amherst, MA 01002

*Please enclose a stamped, self-addressed envelope along with this form and your check payable to "Town of Amherst" or your credit or debit card information below.*

If using Mastercard _____, Visa _____, or Discover _____, please indicate card number:  _____ Exp. Date: ____/____  <div style="text-align: right;">Authorized Signature</div>
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