

The Pirates of Penzance

Family Last Name
(please print)

For office use only

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 **HOW MANY** tickets you are ordering under the show you want to see:

	Fri. 10/30 8:00 p.m.	Sat. 10/31 2:00 p.m.	Sun. 11/1 2:00 p.m.	Fri. 11/6 8:00 p.m.	Sat. 11/7 8:00 p.m.	Sun. 11/8 2:00 p.m.	Total # Tickets
Adult (\$20)	_____	_____	_____	_____	_____	_____	_____
Senior 65+ (\$17)	_____	_____	_____	_____	_____	_____	_____
Student (\$17)	_____	_____	_____	_____	_____	_____	_____

If **wheelchair space** is needed, please 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 appropriate Friend category):
(Please make sure you indicate your ticket choices above.)*

_____ **Friend (For a \$70 donation you get any 2 performance tickets.)**

_____ **Good Friend (For a \$100 donation you get any 3 performance tickets.)**

_____ **Very Good Friend (For a \$130 donation you get any 4 performance tickets.)**

If we receive your donation before **October 9**, 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 in return for your donation, please add the cost of the additional tickets to your check, 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, this entire form, & 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: ____ / ____ / ____

Authorized Signature _____

