

# THE CENTERSTAGE COMMUNITY ARTS ORGANIZATIONS TICKET ORDER FORM

Name \_\_\_\_\_  
Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_

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

Phone (Day) \_\_\_\_\_ (Eve.) \_\_\_\_\_

Orders may be placed two weeks prior to the first performance.

## Ticket Reservation

Performance \_\_\_\_\_

Date \_\_\_\_\_ Day of the Week \_\_\_\_\_ Curtain Time \_\_\_\_\_

Number of Tickets	_____ Adult	@	\$ _____	=	\$ _____
	_____ Youth	@	\$ _____	=	\$ _____
	_____ Senior	@	\$ _____	=	\$ _____
	_____ Other*	@	\$ _____	=	\$ _____
	_____ Season Tickets (prepaid)				
	_____ Total				Total \$ _____

(\* Comp, Group, Pass, etc.)

**Please Note: If ordering for more than one performance, use separate order forms.**

## Seating Information

Your ticket request will be filled in the order in which it was received. RCC Box Office Staff will make every effort to seat you as close as possible to the seat you have requested.

Row (s) \_\_\_\_\_ Seat (s) \_\_\_\_\_

Row (s) \_\_\_\_\_ Seat (s) \_\_\_\_\_

Any special needs? (Wheelchair, hearing assistance, etc.) \_\_\_\_\_

How did you find out about this event? \_\_\_\_\_

## Payment Information

Check Attached

Cash

Credit Card (MasterCard or VISA)

Visa/MC # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_

Do you wish us to call you to confirm this order? \_\_\_\_\_

## RCC USE ONLY

Staff Accepting Order \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Comments \_\_\_\_\_

Order Filled by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_