

Name: _____

Phone number: _____

Email: _____



Advance Tickets:

Please order by:

Wednesday,

March 15, 2017

	<i># of adult tickets</i>	<i># of student tickets</i>
Friday, March 24 at 7:00	_____	_____
Saturday, March 25 at 7:00	_____	_____
Sunday, March 26 at 2:00	_____	_____

Please Note: Any child sitting in a seat needs to have their own ticket.

***Please let us know if you need any special seating accommodations.*

Total # of tickets ordered: _____

***Per ticket cost:** *Adult: \$8.00 each Student: \$5.00 each*

Total amount submitted: \$ _____ Date submitted: _____

Method of payment: CASH or CHECK # _____
(Payable to: PVHS Musical Theatre Club)

Mail completed form and payment to:

**Mr. Dan Mulligan
Pleasant Valley High School Route 209
Brodheadsville, PA 18322**

*****Tickets will be available for pick-up prior to the performance at the 'Will Call' area.***

This portion to be completed & verified by PVHS theater staff.

Correct amount submitted: _____

PV Senior passes: _____
(Please submit copy of PV senior pass.)

Tickets given: # _____

on: _____