



Ticket Order Form

Contact Name: _____

Phone #: _____

E-mail: _____

Showtimes	# Adult Tickets	#Student/Senior/BCMS Faculty Tickets
Thursday, January 26 th at 7pm		
Friday, January 27 th at 7pm		
Saturday, January 28 th at 2pm		
Saturday, January 28 th at 7pm		
Total Tickets	x\$8.00	x\$5.00
Subtotals	\$	\$
Total Due	\$	

Cash or checks accepted. Please make checks payable to "BCMS"

** Please let us know at the time of sale if you need accessible seating or accommodation.**

For use by Ticket Committee Only

Thursday, January 26 th Sect/Row/Seat #s	Friday, January 27 th Sect/Row/Seat #s	Sat January 28 th Matinee Sect/Row/Seat #s	Sat January 28 th Evening Sect/Row/Seat #s
Sect	Sect	Sect	Sect
Row	Row	Row	Row
Seat #s	Seat #s	Seat #s	Seat #s
Total Tickets _____ # Prime _____	Total Tickets _____ # Prime _____	Total Tickets _____ # Prime _____	Total Tickets _____ # Prime _____

_____ **Total Tickets** (32 total Ticket Limit during Cast/Crew Sale Dates)

_____ **# Prime** (8 Ticket Limit during Cast/Crew Sale Dates)

Date Received _____ TOTAL \$ _____ CASH _____ CHECK # _____