

ADVANCE

Reserved Seating Ticket Request Form

Select a performance date:

Name _____

_____ Friday, November 17 8:00 p.m.

Phone _____
(please provide a contact phone number)

_____ Saturday, November 18 8:00 p.m.

_____ Sunday, November 19 2:00 p.m.

NUMBER OF TICKETS REQUESTED

_____ Adult tickets @ \$7 each \$ _____

_____ Student tickets @ \$5 each \$ _____

_____ Senior Citizen (60 and over) @ \$5 each \$ _____

NOTE: Ticket prices are \$7/\$5 at the door

TOTAL \$ _____

* Please make checks and money orders payable to *DONEGAL SCHOOL DISTRICT* *

SEATING PREFERENCE

Please indicate the approximate row and/or seating area of your preference. Every effort will be given to fill your requests with the closest available seating to your preference. If no preference is indicated, "best available" seating will be assigned.

Row(s) preferred:

Seat(s) preferred:

PURCHASING YOUR TICKETS

Fill out this form, enclose total payment amount (checks payable to DONEGAL SCHOOL DISTRICT) and...

- ✓ Bring it to the "BOX OFFICE" in the High School lobby Tuesday and Thursday evenings (one month prior to show opening) 7-9 p.m. (Get your tickets immediately!), or
- ✓ Bring it to the High School Office during regular school hours (M-F 8-3), or
- ✓ Mail your order form to:

*Performing Arts Tickets
Donegal High School
915 Anderson Ferry Road
Mount Joy, PA 17552*

Tickets not purchased at the Box Office (order forms sent through mail or filled out in the H.S. office) will be held at the Box Office and can be picked up during Box Office hours or at the "WILL CALL" window on the dates of each performance, beginning one hour before the show time. (House doors will open one half-hour before show time.)

OR

Provide a self-addressed, stamped envelope with your order form and we will mail your tickets to you.
(Ticket orders received within one week of the performance date will not be mailed, but will be held at the "WILL CALL" window.)