



# OLIVER!

## TICKET ORDER FORM



Reservation Name \_\_\_\_\_ Phone: \_\_\_\_\_ cell /home / other  
E-Mail: \_\_\_\_\_

*Provide the quantity of tickets desired under each show date. If you are not requesting tickets for a show, please leave that line blank.*

THURSDAY FEBRUARY 27 (7pm)	FRIDAY FEBRUARY 28 (7pm)	SATURDAY MARCH 1 (7pm)
_____	_____	_____

Please e-mail Mr. Jackson at [ljackson@leffoo.k12.co.us](mailto:ljackson@leffoo.k12.co.us) if you are interested in purchasing tickets to our *Maitree Performance* on February 26, 2014 at 10 AM.

Total Amount of Requested Tickets: \_\_\_\_\_ x \$9

Total Amount of \$ DUE to 'CSH': \_\_\_\_\_

CASH or CHECK to 'CSH'  
Want to pay with a Credit Card?  
Purchase ONLINE at  
[www.CSHChoir.org](http://www.CSHChoir.org)

**TICKET DELIVERY OPTIONS**

I would like my tickets sent home with the following CSH Student: \_\_\_\_\_

I would like my tickets held for me at WILL-CALL under my Reservation Name listed above.

Concessions Available for Purchase at Intermission

**Return completed forms to Mr. Jackson in C219, or in Mr. Jackson's Box WITH PAYMENT ATTACHED!**

**Thank you for supporting the CSH Performing Arts!**



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