



**Saint Viator High School presents Godspell  
ALUMNI Advanced Ticket Sales Form**



Be inspired by the power of the Gospel of St. Matthew in this updated setting.

You will come away singing:

“All good gifts around us, are sent from heaven above.

Then thank the Lord, O thank the Lord for all His love.”

Get together with classmates, recall memories of your own involvement and enjoy the talent of our current students.

Come for dinner and get better parking, as well as spend more time with your friends.

**SHOW DATES**

Friday, February 01, 2008, 7:30 p.m.	Dinner 6:00 p.m.	Alpha Cast
Saturday, February 02, 2008, 7:30 p.m.	Dinner 6:00 p.m.	Omega Cast
Sunday, February 03, 2008, 1:00 p.m.		Alpha Cast
Friday, February 08, 2008, 7:30 p.m.		Omega Cast
Saturday, February 9, 2008, 7:30 p.m.		Alpha Cast
Sunday, February 10, 2008, 1:00 p.m.		Omega Cast

**PRICING**

Show Tickets: \$9.00 (No ATHLETIC family passes will be accepted.)

Dinner Packages: \$19.00 – show ticket & full dinner with dessert & beverage

**(Whole tables may be reserved with an order of 8 or more people.)**

**BOX OFFICE INFORMATION** *A block of tickets will be reserved for Alumni on February 1 and 2, 2008 (Alumni Weekend at the Musical) in Section E, rows 6-15, until January 18, 2008.*

Box office hours: Mondays and Thursdays 3:00 - 3:30 p.m.

Tickets not sold in advance will be available at the door the night of the performance.

Mail, e-mail, phone and fax orders are encouraged because of limited box office hours.

Note: Last year’s closing weekend was SOLD OUT! Get your tickets early.

**All dinner packages must be purchased in advance. No dinner tickets will be sold at the door.**

For further ticket information and all reservations please call:

**Mrs. Carolyn Gerbatsch at (847) 392-4050 ext. 349** or e-mail her at [cgerbatsch@saintviator.com](mailto:cgerbatsch@saintviator.com).

You can fax the ticket form to **(847) 392-4101**

or mail it to **Saint Viator High School, Godspell, 1213 E. Oakton, Arlington Heights, IL 60004.**

Performance	Tickets / Section of Auditorium	Dinners	Total Amount
Friday 2/1			
Saturday 2/2			
Sunday 2/3		XXXXX	
Friday 2/8		XXXXX	
Saturday 2/9		XXXXX	
Sunday 2/10		XXXXX	

Payment: Cash \_\_\_\_\_ Check Number \_\_\_\_\_

Charge Card: MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_ Phone # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (print): \_\_\_\_\_  
First Last Maiden Grad Year

Office use: Filled by: \_\_\_\_\_ Ticket #s \_\_\_\_\_