



THOROUGHLY MODERN MILLIE

TICKET ORDER FORM



Reservation Name _____

E-Mail: _____ Phone: _____ cell / home / other

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 23

FRIDAY FEBRUARY 24

SATURDAY FEBRUARY 25

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

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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