Craterian Performances 2009-2010 Ticket Order Form

PLEASE PRINT

Name_____

Address _____

City _____

State_____ Zip_____

Home Phone (_____)_____

Work Phone (_____)_____

Cell Phone (_____)_____

E-mail _____

BOX OFFICE INSTRUCTIONS

We will select what we feel are the best seats available at your requested price, and we will substitute lower-price tickets if your first choice is not available. We will also substitute floors if your first choice is not available.

I prefer ☐ Main Floor ☐ Balcony

☐ OK to substitute higher-price tickets if my first choice is not available

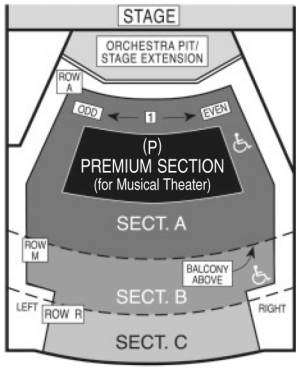
☐ I will accept single seats if seats together are not available

☐ Special needs (wheelchair, elevator, vision, hearing, etc.)?

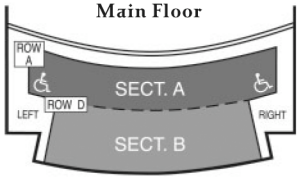
_____

_____

_____



Main Floor



Balcony

For Box Office Use Only Date rec'd _____ Member Level_____

For Box Office Use Only	Event	Date	Time	Section A, B, C or P (see chart)	Adult Tickets		Youth Tickets (when applicable) ages 0-18		Child Tickets (for children's programs) ages 1-12		TOTAL PRICE
					Number tickets	Price each	Number tickets	Price each	Number tickets	Price each	

☐ **Check enclosed** – Payable to Craterian Performances
(One check per order, please)

☐ **VISA** ☐ **MASTERCARD**

Card # _____ Exp. Date _____

Your signature _____

Send this form with payment to:
Craterian Performances Co.
23 S. Central Avenue
Medford, OR 97501
Box Office: (541) 779-3000

Or fax credit card orders to:
(541) 779-8175

TICKET TOTAL	$
Membership *(see front of form for details)*	+$
Handling/Processing Fee	+$ 4.00
GRAND TOTAL	