

CRATERIAN PERFORMANCES 2005-2006 TICKET ORDER FORM

PLEASE PRINT

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

E-mail _____

BOX OFFICE INSTRUCTIONS

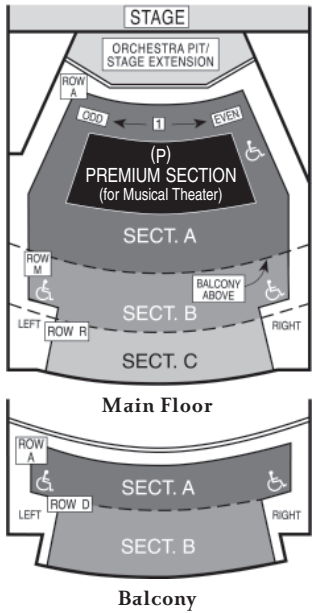
We will select what we feel are the best seats available at your requested price, and we will substitute lower-price tickets if your first choice is not available. We will also substitute floors if your first choice is not available.

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.)?



For Box Office Use Only Date rec'd _____ Partner 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	\$
Partnership <i>(see front of form for details)</i>	+\$
Handling/Processing Fee	+\$ 3.00
GRAND TOTAL	