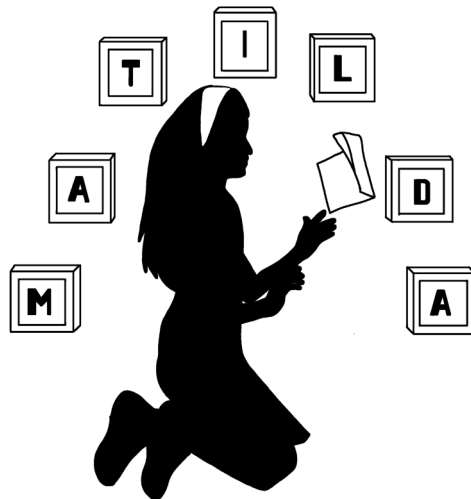




York Catholic High School Musical

## TICKET ORDER FORM

All seats are General Admission  
Doors open 30 minutes before the show



Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

I wish to receive my tickets in the following way:

\_\_\_\_\_ Will Call table the night of the show  
\_\_\_\_\_ Pick-up at YC Main Office M-F 9A-3P after receiving confirmation

*Indicate the number of tickets needed in the appropriate ticket type box  
that corresponds to the performance you wish to attend.*

Performance Date	Adult \$10	Student ages 5-18 \$8
Friday, March 3 7 PM		
Saturday, March 4 7 PM		
Sunday, March 5 2 PM		
<b>Totals</b>	Total Number of Adult Tickets _____ x \$10 = _____	Total Number of Student Tickets _____ x \$8 = _____

*All ticket sales are non-refundable.*

**Total Amount:** \$ \_\_\_\_\_

Please make checks payable to York Catholic.

Return form and payment to:  
York Catholic Middle & High School  
601 E Springettsbury Ave, York PA 17403  
Attention: Sheila Gick, Musical

*For Internal Use Only*

Name \_\_\_\_\_  
Check # \_\_\_\_\_ Date \_\_\_\_\_  
Will Call \_\_\_\_\_  
Pick-up CF sent \_\_\_\_\_