



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		
Totals	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 _____