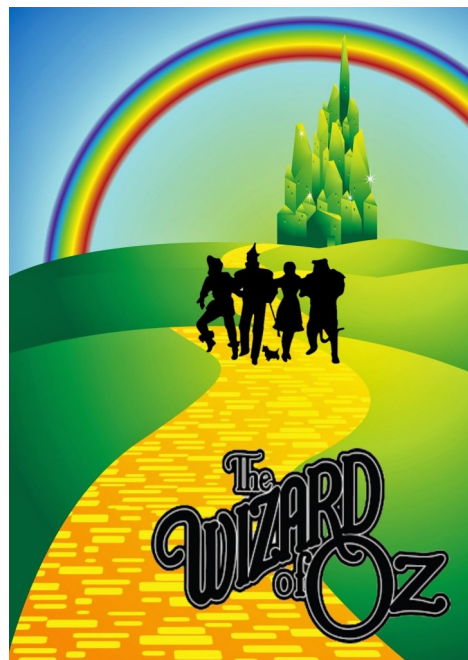




York Catholic High School Musical

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 4 7 PM		
Saturday, March 5 7 PM		
Sunday, March 6 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 High School.

Return form and payment to:
York Catholic 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 _____