Name:					
Address:					
City, State, Zip:					
Phone #:					
Email :					
1. Indicate number	er of eac	h type o	of ticket	<u>s:</u>	
3 Main show		_			
Holiday Sho	W	(a) \$10 ea	a =		-
Tax deductible do	onation	=			_
Credit Card Fee(Ad	ld if pay	ing by cr	edit card	1) = \$1.6	0
TC	TAL C	OST =			
2. Select performa	nce by	marking	2 "X":		
SWEAT	10/3	10/4	10/10	10/11	10/12
	@7:30	@2:00	$\overline{}$	@7:30	@2:00
OUTSIDE MULLINGAR	2/27 @7:30	2/28 @2:00	3/6 @7:30	3/7 @7:30	3/8 @2:00
MATILDA	5/15	5/16	5/22	5/23	5/24
	@ 7:30	· .	@ 7:30	@7:30	@2:00
NIGHT BEFORE	12/4	12/5			
CHRISTMAS	@ 7:30	@7:30			
3. Select seats: Keep the Best avai Other (pl	lable	·	r		
4. Select method Check (paya OR Credit card: Name on card: Acct #:	able to T	The Alpha _Visa _	Discov	ver	
3 digit CIV# (back Signature:	of card)		_Exp:		_
Flor	PO Box	a Players x 2078 MO 630	s 032		
	PO Box	x 2078 MO 630)32		



2025-2026 SEASON TICKET ORDER FORM

NOTES

A season ticket package includes one ticket to each of the <u>3 Main</u> shows. The cost for the package is \$50.

Please note there are 2 matinees for the 3 main shows. Both are at 2pm. One matinee is the first Saturday. The second one is on Sunday.

Tickets will be emailed unless you specifically request paper/USPS mailing.