



Fundraiser Order Form

ACCT #: _____ DATE:____

CONTACT INFORMATION:				
YOUR NAME:				
YOUR ADDRESS:				
CITY/STATE/ <mark>ZIP:</mark>				
ONE: E-MAIL:				
SCHOOL/ORGANIZATION:				
REQUESTED DATE:				
DAY/DATE:	ATE:		TIME:	
* Ticket prices below include the \$5 donation				
I would like to receive my tickets via: Em	nail Will Call Ma	il (+\$2) GRAND TOTA	AL:	
I would like to receive my tickets via: Em	Nail Will Call Ma	il (+\$2) GRAND TOTA	AL:	
I would like to receive my tickets via: Em SEATING PREFERENCE: [] ORCHESTRA [] BA	Orchestra Center Rows A – U Orchestra Close Rt/Lt	GRAND TOTA AILABLE [] ACC B Level Price Orchestra Far Rt/Lt Rows A - U Balcony Rows AA - EE	ESSIBILITY NEEDS C Level Price Balcony Rows FF-NN	
I would like to receive my tickets via: Em SEATING PREFERENCE: [] ORCHESTRA [] BA Victoria Theatre Wednesday March 20, 2024 7:30 pm	A Level Price Orchestra Center Rows A – U Orchestra Close Rt/Lt	GRAND TOTA AILABLE [] ACC B Level Price Orchestra Far Rt/Lt Rows A - U Balcony	ESSIBILITY NEEDS C Level Price Balcony	
I would like to receive my tickets via: Em SEATING PREFERENCE: [] ORCHESTRA [] BA Victoria Theatre Wednesday March 20, 2024	Orchestra Center Rows A – U Orchestra Close Rt/Lt \$50.00	GRAND TOTA AILABLE [] ACC B Level Price Orchestra Far Rt/Lt Rows A - U Balcony Rows AA - EE \$46.00	ESSIBILITY NEEDS C Level Price Balcony Rows FF-NN	

TERMS AND CONDITIONS: Thank you for your order! All orders require full payment at the time of the reservation. Tickets are subject to availability. ALL SALES ARE FINAL. No refunds or exchanges. All dates, shows, prices and times are subject to change without notice. THANK YOU!