ADDAMS FAMILY - Reserve Seating Ticket Order Form

Name:_____

Address:_____
Street **City** **State** **Zip**

Email Address:_____

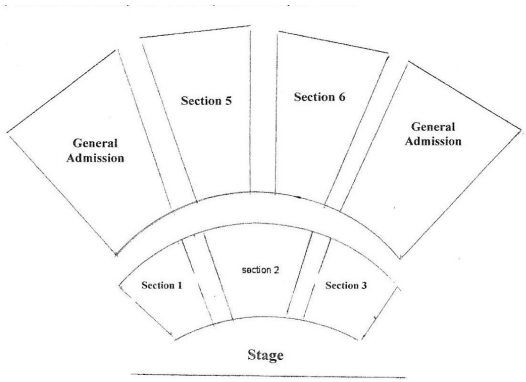
☐ Mail the tickets to me at the above address.
☐ I will pick up the tickets the night of the performance at will-call.
☐ Please have student hand-deliver my tickets. Student name:_____

THURSDAY, APRIL 23 7:00 PM	FRIDAY, APRIL 24 7:00 PM	SATURDAY, APRIL 25 3:00 PM	SATURDAY, APRIL 25 7:30 PM
Adult(s) $8.00 x _____=	Adult(s) $8.00 x _____=	Adult(s) $8.00 x _____=	Adult(s) $8.00 x _____=
Senior(s) $6.00 x _____= 60+	Senior(s) $6.00 x _____= 60+	Senior(s) $6.00 x _____= 60+	Senior(s) $6.00 x _____= 60+
Student(s) $6.00 x _____= (K-12 grade)	Student(s) $6.00 x _____= (K-12 grade)	Student(s) $6.00 x _____= (K-12 grade)	Student(s) $6.00 x _____= (K-12 grade)
Amount Enclosed_____ Cash or Check	Amount Enclosed_____ Cash or Check	Amount Enclosed_____ Cash or Check	Amount Enclosed_____ Cash or Check

Make checks payable to MHS Drama and deliver form to MHS main office or mail to: *MHS Drama, attention Rene Mauck, 2705 Cedar St. Muscatine, IA 52761*

Please indicate seating preference (1st, 2nd & 3rd Choice):

Lower section: ____Section 1 ____Section 2 ____Section 3

Upper section: ____Section 5 ____Section 6

Note: Sections 4 & 7 of the Upper bowl will be used for General Admission seating