



CATCH ME IF YOU CAN - 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 21 7:00 PM	FRIDAY, APRIL 22 7:00 PM	SATURDAY, APRIL 23 2:00 PM	SATURDAY, APRIL 23 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 4 _____ Section 5
 _____ Section 6 _____ Section 7

Note: Sections 4 & 7, rows 1 and above will be used for General Admission seating

