

2007 SCVST SEASON TICKET ORDER FORM

CIRCLE DESIRED SHOW(S)

The Last Night of Ballyhoo	June 26	June 27	June 28	June 29	June 30	July 1 (1:30)				
Radio Gals	July 10	July 11	July 12	July 14	July 15 (1:30)	July 18	July 19	July 20	July 21	
Disney's High School Musical	July 31	Aug. 1	Aug. 2	Aug. 3	Aug. 4	Aug. 5 (1:30)	Aug. 8	Aug. 9	Aug. 10	Aug. 11

All performances at 7:30 p.m. unless noted. Seating Preference (if any): _____

Indicate any special needs: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

FORM OF PAYMENT Check enclosed Visa / MC (circle one) Card # _____
 (payable to SCVST)

Print name as it appears on card _____ Exp. Date _____

Authorizing signature _____

REGULAR SUBSCRIBER

As a regular subscriber, please send me: # of tickets

_____ Adult @ \$45 = \$ _____
 _____ Student/Sr. Citizen @ \$39 = \$ _____
 _____ Child @ \$33 = \$ _____

Regular Subscriber Subtotal \$ _____

REGULAR SUBSCRIBER MATINEE PACKAGE All matinees at 1:30 p.m.

As a regular subscriber, please send me: # of tickets

_____ Adult @ \$43 = \$ _____
 _____ Student/Sr. Citizen @ \$37 = \$ _____
 _____ Child @ \$33 = \$ _____

Matinee Regular Subscriber Subtotal \$ _____

CONTRIBUTING SUBSCRIBER (Minimum \$50 donation)

I would like my donation to appear from: _____

As a contributing subscriber, please send me: # of tickets

_____ Adult @ \$44 = \$ _____
 _____ Student/Sr. Citizen @ \$38 = \$ _____
 _____ Child @ \$32 = \$ _____

Contributing Subscriber Subtotal \$ _____

CONTRIBUTING SUBSCRIBER MATINEE PACKAGE All matinees at 1:30 p.m. (Minimum \$50 donation)

I would like my donation to appear from: _____

As a contributing subscriber, please send me: # of tickets

_____ Adult @ \$41 = \$ _____

_____ Student/Sr. Citizen @ \$37 = \$ _____

_____ Child @ \$31 = \$ _____

Contributing Subscriber Matinee Subtotal \$ _____

SINGLE TICKET PRICES

LAST NIGHT		RADIO GALS		HIGH SCHOOL	
#		#		#	
_____	Adult @ \$15/14(m)=\$ _____	_____	Adult @\$16/15(m) =\$ _____	_____	Adult @\$17/16(m)=\$ _____
_____	St/Sr. @ \$13/12(m)=\$ _____	_____	St/Sr. @\$14/13(m) =\$ _____	_____	St/Sr. @\$15/14(m)=\$ _____
_____	Child @ \$11/10(m)=\$ _____	_____	Child @\$12/11(m) =\$ _____	_____	Child @\$13/12(m)=\$ _____
	(m)=matinee				Single Ticket Subtotal \$ _____

A \$1 service/handling/postage fee is included in ticket prices.

TOTAL ENCLOSED \$ _____

MAIL THE FORM WITH CHECK OR CREDIT CARD NUMBER
AND SELF-ADDRESSED, STAMPED ENVELOPE TO:

SCVST BOX OFFICE
B-24 KLEINPELL FINE ARTS
UW-RIVER FALLS
410 S. THIRD STREET
RIVER FALLS WI 54022

THANK YOU FOR YOUR TICKET ORDER!