

Please Print Clearly

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

( ) ( )  
Home Phone Work Phone

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
E-mail address

**Ticket Arrangements** (Orders received less than 7 days prior to event will be held at Will Call)

Mail my tickets  Hold my tickets at Will Call

**Do you have any special needs, seating preferences or requests?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


*If seating preference cannot be accomodated, we will fill the order with the next available seating location. Seat locations will not be communicated by phone.*

**Payment Method**

Visa  MasterCard  Discover  American Express  Check to Clowes Memorial Hall

\_\_\_\_\_  
Card Number Expiration Date

\_\_\_\_\_  
Signature of Cardholder

| Performance  | Date & Time | Price | Qty. | Total   |
|--|-------------|-------|------|---------|
|  |             |       |      |         |
|  |             |       |      |         |
|  |             |       |      |         |
|  |             |       |      |         |
|  |             |       |      |         |
|  |             |       |      |         |
| Handling Charge  |             |       |      | \$10.00 |
|  Tax deductible contribution (optional) |             |       |      |         |
| <b>Grand Total</b>   |             |       |      |         |

All performance dates, times and programs subject to change.

To check receipt of order or to find out single ticket on-sale dates, call 317.940.6444 or 800.732.0804.

Clowes will not hold checks over 30 days.  
Not responsible for mail or faxed orders not received.

Sorry, no refunds or exchanges.

**CMH Society is compiled of individuals and corporations supportive of Clowes programming and our mission.**