



ACCT #: _____ DATE:____

CONTACT INFORMATION:						
YOUR NAME:						
YOUR ADDRESS:						
CITY/STATE/ <mark>ZIP</mark> :						
	NE: E-MAIL:					
SCHOOL/ORGANIZATION:						
REQUESTED DATE:						
DAY/DATE:		TIME:				
TICKETS: * Each ticket purchased earns * Ticket prices below include tl		 * Mix & match seating is available * Groups wanting to sit together must order together 				
# OF TICKETS:	x PRICE LEVEL:	=TOTAL:				
# OF TICKETS:	x PRICE LEVEL:	=TOTAL:				
I would like to receive my tickets vi	a: Email Will Call	Mail (+\$2)				
		GRAND TOTAL:				

SEATING PREFERENCE:

[]ORCHESTRA []LOGE []LOWER BALCONY []UPPER BALCONY []BEST AVAILABLE []ACCESSIBILITY NEEDS

March 25-29, 2025	GOLD Price	Silver Level	A Level Price	B Level Price	C Level Price	D Level Price
Tues @ 7:30 pm	\$124.00	\$114.00	\$94.50	\$76.50	\$58.50	\$34.00
Wed @ 7:30 pm	\$124.00	\$114.00	\$94.50	\$76.50	\$58.50	\$34.00
Thurs @ 7:30 pm	\$124.00	\$114.00	\$94.50	\$76.50	\$58.50	\$34.00
Fri @ 8 pm	\$134.00	\$124.00	\$114.00	\$94.00	\$74.00	\$44.00
Sat @ 2 pm	\$134.00	\$124.00	\$114.00	\$94.00	\$74.00	\$44.00
Sat @ 8 pm	\$134.00	\$124.00	\$114.00	\$94.00	.\$74.00	\$44.00

CREDIT CARD PAYMENT INFORMATION:

CARD NUMBER:	EXP. DATE:	CVV#:
NAME ON CARD:	AMOUNT TO BE CHARGED: _	

HOW TO PLACE AN ORDER: Fax/Email form to Betty Gould: 937/977-7160 or betty.gould@daytonlive.org

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. All terms and conditions are subject to change without notice. THANK YOU!

