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THE MUSICAL		ACCT #:	DATE:
CONTACT INFORMATION:			
YOUR NAME:			
YOUR ADDRESS:			
CITY/STATE/ <mark>ZIP:</mark>			
PHONE:			
SCHOOL/ORGANIZATION:			
REQUESTED DATE:			
DAY/DATE:		TIME: _	
TICKETS: * Each ticket purchased earns * Ticket prices below include t	your school/organization \$5	* Mix & match seating is a	available gether must order together
# OF TICKETS:	x PRICE LEVEL:	=TOT	AL:
# OF TICKETS:	x PRICE LEVEL:	=тот	AL:
I would like to receive my tickets vi	ia: Email Will Call	Mail (+\$2)	
		GRAND TOT	AL:

SEATING PREFERENCE:

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

January 14-19, 2025	GOLD	Silver	A Level	B Level	C Level	D Level
Tues @ 7:20 mm	Price	Level	Price	Price	Price	Price
Tues @ 7:30 pm	\$124.00	\$114.00	\$104.00	\$84.00	\$64.00	\$39.00
Wed @ 7:30 pm	\$124.00	\$114.00	\$104.00	\$84.00	\$64.00	\$39.00
Thurs @ 7:30 pm	\$124.00	\$114.00	\$104.00	\$84.00	\$64.00	\$39.00
Fri @ 8 pm	\$124.00	\$114.00	\$104.00	\$84.00	\$64.00	\$39.00
Sat @ 2 pm	\$124.00	\$114.00	\$104.00	\$84.00	\$64.00	\$39.00
Sat @ 8 pm	\$124.00	\$114.00	\$104.00	\$84.00	\$64.00	\$39.00
Sun @ 1 pm	\$124.00	\$114.00	\$104.00	\$84.00	\$64.00	\$39.00
Sun @ 6:30 pm	\$124.00	\$114.00	\$104.00	\$84.00	\$64.00	\$39.00

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!

