

ADULT THEATRE TICKET ORDER FORM

Print, complete, and mail to Box Office, Apple Hill Playhouse, 275 Manor Road, Delmont PA 15626. *Tickets will remain at will call for pickup.* Individuals who wish to have their tickets mailed must add a \$2.00 handling fee.

SEASON PACKAGES* (Select dates now or call the boxoffice with your preference.)

_____ x \$100 = \$ _____

FLEX COUPONS PACKAGES (Reserve tickets by calling the boxoffice.)

_____ X \$58(4 Coupons) = \$ _____

INDIVIDUAL SHOWS (Circle Performance Date)

No Sex Please, We're British (Circle Performance Choice)

_____ x \$ _____ = \$ _____

Evenings May 15 16 17 22 23 24 29 30 31 **Matinee** May 18

Travels With My Aunt (Circle Performance Choice)

_____ x \$ _____ = \$ _____

Evenings June 12 13 14 19 20 21 26 27 28 **Matinee** June 18

Footloose (Circle Performance Choice)

_____ x \$ _____ = \$ _____

Evenings July 10 11 12 17 18 19 24 25 26 **Matinee** July 23

The Star-Spangled Girl (Circle Performance Choice)

_____ x \$ _____ = \$ _____

Evenings July 31 August 1 2 7 8 9 14 15 16 **Matinee** August 13

Leading Ladies (Circle Performance Choice)

_____ x \$ _____ = \$ _____

Evenings August 21 22 23 28 29 30 Sept 4 5 6 **Matinee** August 27

Christmas Belles (Circle Performance Choice)

_____ x \$ _____ = \$ _____

Evenings Sept 18 19 20 25 26 27 Oct 2 3 4 **Matinee** Sept 28

Lucky Stiff (Circle Performance Date)

_____ x \$ _____ = \$ _____

Evenings October 16 17 18 23 24 25 30 31 Nov 1 **Matinee** Oct 19

Season Tickets Total \$ _____
Flex Coupons Total \$ _____
Individual Tickets Total \$ _____
Please Mail Tickets \$ 2.00
Grand Total Enclosed \$ _____

Payment Method

_____ Check payable to **ORCHARD PERFORMING ARTS COM INC (OPAC)**

_____ Charge to Acc Num: _____ Exp ___/___ 3digit CVV _____

Signature: _____ (To authorize credit card.)

Name : _____

Address: _____

Phone Day) _____ (Eve) _____ (Cell) _____

Email: _____