

Today's Date ____/____/____

BROADWAY UNDER THE STARS 2009

"10 YEAR REUNION"

TICKET ORDER FORM

(SEE AUDITORIUM SEATING CHART ON BACK OF FORM)

*1. Please print first and last name _____

*2. Student's Name _____ Choir for 09/10 _____

*3. Home phone # _____ *Cell # _____

*4. E-mail address _____

Order Details	FRIDAY		SATURDAY		THURSDAY		SUNDAY	
Ticket Price	OCT 16, 7:30PM		OCT 17, 7:30PM		OCT 15, 7:30PM		OCT 18, 3:00PM	
	QTY	TOTAL	QTY	TOTAL	QTY	TOTAL	QTY	TOTAL
Dessert \$30		x\$=		x\$=				
Dessert \$20		x\$=		x\$=				
\$15		x\$=		x\$=		x\$=		x\$=
\$10		x\$=		x\$=		x\$=		x\$=
Total \$ By Day	-----	\$=	-----	\$=	-----	\$=	-----	\$=
Assigned Tickets								

Total ticket \$ _____ Fees _____ TOTAL
\$

Circle one CASH CHECK # _____ CREDIT CARD
Payable to ACCENTS 3% Fee ~ MC, VISA, DISCOVER

Credit Card # : _____ Exp. Date: _____/_____ Zip _____ 3 digit CIV #: _____
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- Delivery options for mail in ticket orders ~ Circle Option
1. Deliver to your choir student
 2. Send self addressed, stamped envelope with your ticket order form
 3. Pick-up at Broadway TECH Rehearsal ~ on Oct. 10th between 1-3pm ~ Auditorium Lobby
 4. Have tickets mailed to your home a \$1 service charge

Address _____ City _____ Zip _____

*Credit Card Orders can be faxed to 602-391-2324

*Required Information

E-mail any questions to choirtickets@gmail.com

**AFTER SEPTEMBER 1st, 2009 Check Ticket Availability
 Prior to Placing Orders @ www.horizonchoirs.com/bus.htm**

