

Red Barn Ticket Order Form (2010)

Name: _____
 Address: _____
 City, State, Zip: _____
 Seating Preference: Section _____ Row _____
 Phone: _____
 E-Mail: _____

Check One:

Stamped Envelope Enclosed: _____
 Hold Tickets at Box Office: _____

Ticket Prices

Any Play or Musical

Adult: \$21.00 Thursday, Friday, Saturday
 Adult: \$18.00 Wednesday and Sunday
 Student: \$12.00

Season Tickets

Adult Season Tickets: \$70.00 Advance
 Student Season Ticket: \$38.00 Advance

Show Times

(check the shows you want to attend)

	Show 1	Show 2	Show 3	Show 4
Wed	6/16 ___ 6/23 ___	6/30 ___ 7/7 ___	7/14 ___ 7/21 ___	8/4 ___ 8/11 ___
Thurs	6/17 ___ 6/24 ___	7/1 ___ 7/8 ___	7/15 ___ 7/22 ___	7/29 ___ 8/5 ___ 8/12 ___
Fri	6/18 ___ 6/25 ___	7/2 ___ 7/9 ___	7/16 ___ 7/23 ___	7/30 ___ 8/6 ___ 8/13 ___
Sat	6/19 ___ 6/26 ___	7/3 ___ 7/10 ___	7/17 ___ 7/24 ___	7/31 ___ 8/7 ___ 8/14 ___
Sun *	6/20 ___ 6/27 ___	Closed 7/11 ___	7/18 ___ 7/25 ___	8/1 ___ 8/8 ___ closed

* Denotes matinee - 2:00pm

Enclosed is my check for \$ _____ for _____ Adult Season Tickets and _____ Student season tickets for the shows checked above.

OR

Enclosed is my check for \$ _____ for _____ Adult Tickets and _____ Student Tickets for the show(s) checked above.

Mail to: 1533 South Hiland Drive, Frankfort, IN 46041-6825