



Red Barn Summer Theatre Ticket Order Form

Name: _____

Phone: _____

Address: _____

E-Mail: _____

City, State, Zip _____

Circle ONE

Seating Preference: Section _____ Row _____

Box Office

Envelope Enclosed

Ticket Prices

Any Play or Musical

\$20.00

Season Tickets:

\$54.00 Advance

Show Times

(check the shows you want to attend)

	Show 1	Show 2	Show 3 (Musical)
Tues			7/17 ___
Wed	6/13 ___ 6/20 ___	6/27 ___ ___	7/18 ___
Thurs	6/14 ___ 6/21 ___	6/28 ___ 7/5 ___	7/12 ___ 7/19 ___
Fri	6/15 ___ 6/22 ___	6/29 ___ 7/6 ___	7/13 ___ 7/20 ___
Sat	6/16 ___ 6/23 ___	6/30 ___ 7/7 ___	7/14 ___ 7/21 ___
Sun	6/17 ___ 6/24 ___	7/1 ___ 7/8 ___	7/15 ___ 7/22 ___

Enclosed is my check for \$ _____ for _____ Adult Season Tickets for the shows above

OR

Enclosed is my check for \$ _____ for _____ Adult Tickets for the shows above

I would like to make a donation of \$ _____