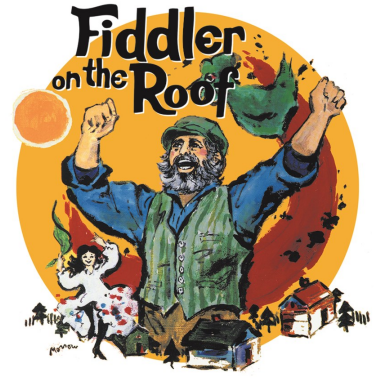




York Catholic High School Musical

"Fiddler on the Roof"



TICKET ORDER FORM

All seats are General Admission

Name _____

Address _____

Phone _____

Email _____

I wish to receive my tickets in the following way:

_____ Will Call table the night of the show _____ Pick-up at YC Main Office M-F 9A-3P after receiving confirmation

Indicate the number of tickets needed in the appropriate ticket type box that corresponds to the performance you wish to attend.

| Performance Date | Adult \$10 | Student ages 5-18 \$8 | Family Must be immediate family of 5+ individuals \$40 |
|----------------------------------|--|---|---|
| Friday, March 2 7 PM | | | |
| Saturday, March 3 7 PM | | | |
| Sunday, March 4 2 PM | | | |
| Totals | Total Number of Adult Tickets _____ x \$10 = _____ | Total Number of Student Tickets _____ x \$8 = _____ | Total Number of Family Tickets _____ x \$40 = _____ |

Total Amount: \$ _____

Please make checks payable to *York Catholic High School*

Return form and payment to:
 York Catholic High School
 601 E Springettsbury Ave, York PA 17403
 Attention: Barb Nealon, Musical

For Internal Use Only

Check # _____ Check Date _____

Will Call _____

Pick-up CF sent _____ To Office _____