



York Catholic High School Musical

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 1 7 PM			
Saturday, March 2 7 PM			
Sunday, March 3 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 _____