

# UW-Parkside Theatre Department 2014-2015 Season Tickets Order Form

**Complete this form** and **mail** it to:

UW-Parkside Box Office  
 900 Wood Rd PO Box 2000  
 Kenosha, WI 53141

Name _____
Address _____
City _____ State _____ ZIP _____
Phone (____) _____ - _____ Hours to Call _____
Email _____
Personal accessibility needs (wheel chair, near-exit seating, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please indicate how many tickets you would like in the Number of Subscriptions column and complete the Grand Total line then indicate which performance you would like to attend for each production. You will be assigned the best seat(s) available at the time of processing. We will call to make accommodations for personal accessibility needs.

Season Subscriptions	Quantity	Price	Total
General Admission		\$50	\$
Seniors OR UW-Parkside Staff		\$40	\$
Students		\$25	\$

**Grand Total \$\_\_\_\_\_**

Reasons To Be Pretty					
Evening Dates (7:30 P.M.)	<input type="checkbox"/> 10/10	<input type="checkbox"/> 10/11	<input type="checkbox"/> 10/16	<input type="checkbox"/> 10/17	<input type="checkbox"/> 10/18
Matinee Dates (daytime)	<input type="checkbox"/> 10/19 @ 2pm				
It's A Wonderful Life: A Live Radio Play					
Evening Dates (7:30 P.M.)	<input type="checkbox"/> 12/4	<input type="checkbox"/> 12/5	<input type="checkbox"/> 12/6		
Matinee Dates (daytime)	<input type="checkbox"/> 12/5 @ 10am		<input type="checkbox"/> 12/7 @ 2pm		
A Midsummer Night's Dream					
Evening Dates (7:30 P.M.)	<input type="checkbox"/> 3/6	<input type="checkbox"/> 3/7	<input type="checkbox"/> 3/12	<input type="checkbox"/> 3/13	<input type="checkbox"/> 3/14
Matinee Dates (daytime)	<input type="checkbox"/> 3/13 @ 10am				
The 25 <sup>th</sup> Annual Putnam County Spelling Bee					
Evening Dates (7:30 P.M.)	<input type="checkbox"/> 5/1	<input type="checkbox"/> 5/2	<input type="checkbox"/> 5/8	<input type="checkbox"/> 5/9	
Matinee Dates (daytime)	<input type="checkbox"/> 5/3 @ 2pm		<input type="checkbox"/> 5/8 @ 10am		

Payment Type:       Cash       Check       Credit Card (please fill out the form below)

### One Time Credit Card Authorization Form

Sign and complete this form to authorize **UW-Parkside** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the total amount based on tickets ordered on this Season Tickets Order Form upon receipt of this form. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, \_\_\_\_\_ authorize **UW-Parkside** to charge my credit card account indicated below upon  
 (print full name)

receipt for the Grand Total based on tickets ordered as listed on this Season Tickets Order Form.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Type:    Visa    MasterCard    Discover    Account Number _____
Epiration Date _____    CVV2 (3 digit number on back of VISA/MC) _____
Cardholder Name _____
Billing Address _____
City _____    State _____    ZIP _____