

# Craterian Performances 2017/2018 Ticket Order Form

PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

## BOX OFFICE INSTRUCTIONS

We will select what we feel are the best seats available at your requested price, and we will substitute lower-price tickets if your first choice is not available. We will also substitute floors if your first choice is not available.

I prefer  Main Floor  Balcony

OK to substitute higher-price tickets if my first choice is not available

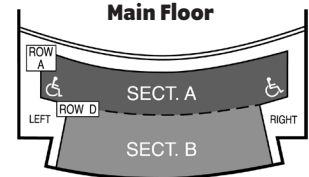
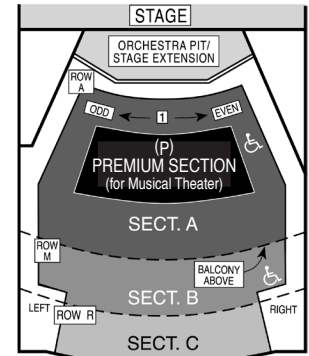
I will accept single seats if seats together are not available

Special needs (wheelchair, elevator, vision, hearing, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



For Box Office Use Only Date rec'd \_\_\_\_\_ Member Level \_\_\_\_\_

For Box Office Use Only	Event and/or Bundle Name	Date(s)/Time(s)	Section A, B, Cor P <i>(see chart)</i>		Adult Tickets/ Bundles		Youth (0-18) or Student Tickets/ Bundles <i>when applicable</i>		TOTAL PRICE
			Quantity	Price each	Quantity	Price each			

**Check enclosed** – Payable to Craterian Performances  
(One check per order, please)

VISA  MASTERCARD

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Your signature \_\_\_\_\_

**Send this form with payment to:**  
 Craterian Performances Co.  
 23 S. Central Avenue  
 Medford, OR 97501  
 Box Office: (541) 779-3000  
 Or fax credit card orders to:  
 (541) 779-8175

<b>TICKET TOTAL</b>	<b>\$</b>
<b>Membership</b> <i>(see front of form for details)</i>	<b>+ \$</b>
<b>Handling/Processing Fee</b>	<b>+ \$ 5.00</b>
<b>GRAND TOTAL</b>	