

2016-17 GROUP TICKETS ORDER FORM

Name: _____
 Home Phone: _____ Cell Phone: _____
 Address: _____
 City/State/Zip: _____
 Email: _____

Providing phone numbers grants The Children's Theatre of Cincinnati permission to contact you at those numbers.

Circle your Show Date and Time (ONLY ONE)

ALICE IN WONDERLAND Sat, Oct. 15, 2 pm Sun, Oct. 16, 2 pm Sun, Oct. 16, 5 pm Fri, Oct. 21, 7:30 pm Sat, Oct. 22, 2 pm Sat, Oct. 22, 5 pm Sun, Oct. 23, 2 pm	ELF THE MUSICAL JR. Sat, Dec. 10, 2 pm Sat, Dec. 10, 5 pm Sun, Dec. 11, 2 pm Sun, Dec. 11, 5 pm Fri, Dec. 16, 7:30 pm Sat, Dec. 17, 2 pm Sat, Dec. 17, 5 pm Sun, Dec. 18, 2 pm	THE WIZARD OF OZ Sat, Feb. 11, 2 pm Sun, Feb. 12, 2 pm Sun, Feb. 12, 5 pm Fri, Feb. 17, 7:30 pm Sat, Feb. 18, 2 pm Sat, Feb. 18, 5 pm Sun, Feb. 19, 2 pm	TARZAN Sat, April 1, 2 pm Sun, April 2, 2 pm Sun, April 2, 5 pm Fri, April 7, 7:30 pm Sat, April 8, 2 pm Sat, April 8, 5 pm Sun, April 9, 2 pm
---	---	--	--

MARK YOUR SEAT PREFERENCE

Please mark your first and second choice of seating with a 1 and 2.

See Seating Chart for details.

ORCHESTRA—PRICE LEVEL 1

BOX—PRICE LEVEL 1

ORCHESTRA—PRICE LEVEL 2

BALCONY—PRICE LEVEL 3

BALCONY—PRICE LEVEL 4

BALCONY—PRICE LEVEL 5

INFANT LAP PASS (0-1 year-old only)

20+ GUESTS

SOLD OUT

SOLD OUT

\$20

\$15

N/A

N/A

\$1

INFANT LAP PASS: Every person, regardless of age, needs a ticket. Children 1 year-old and younger who do not need a seat and will sit on your lap will be required to have an Infant Lap Pass for each show in every seating location throughout the theater.

Number of Infant Lap Passes needed: _____

KIDS CLUB MEMBERSHIP SPACE IS EXTREMELY LIMITED – RESERVE YOUR SPOT TODAY

Children = _____ X \$25 = \$ _____ Include this Total below.

Parent Name _____
 Child Name(s) _____
 Child Birthdate(s) _____
 Gender(s) _____
 T-shirt Size(s) _____

(Available in Youth S, M, L)

NUMBER OF GROUP TICKETS	PRICE	SUBTOTAL
_____ X \$ _____	=	\$ _____
My tax-deductible contribution to bring live theatre to underserved children	=	\$ _____
SERVICE CHARGE	=	\$10.00
KIDS CLUB TOTAL	=	\$ _____
TOTAL	=	\$ _____

Payment must accompany order. Refunds are not available. Checks not accepted.

Card # _____ CVG Code _____ Exp. Date _____

Signature _____

How did you hear about us? _____

Are you celebrating a special occasion? _____

Complete order form and email or mail to:
 The Children's Theatre of Cincinnati Ticket Office
 4015 Red Bank Road, Cincinnati, OH 45227
tickets@tctcincinnati.com

Please indicate the number of special needs accessible seats in your order:

Seating is limited and cannot be guaranteed unless reserved.

QUESTIONS? Call 513.569.8080 ext. 10 or email tickets@tctcincinnati.com