

2018-19 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 DATE & TIME (ONLY ONE) ALL PERFORMANCES AT THE TAFT THEATRE

SUPERMAN™	SANTA CLAUS: THE MUSICAL	DISNEY'S THE JUNGLE BOOK KIDS	SLEEPING BEAUTY
Sat, Oct. 6, 2 pm	Sat, Dec. 8, 2 pm	Sat, Feb. 16, 2 pm	Sat, April 27, 2 pm
Sun, Oct. 7, 2 pm	Sun, Dec. 9, 2 pm	Sun, Feb. 17, 2 pm	Sun, April 28, 2 pm
Sun, Oct. 7, 5 pm	Sun, Dec. 9, 5 pm	Sun, Feb. 17, 5 pm	Sun, April 28, 5 pm
Fri, Oct. 12, 7:30 pm	Fri, Dec. 14, 7:30 pm	Fri, Feb. 22, 7:30 pm	Fri, May 3, 7:30 pm
Sat, Oct. 13, 2 pm	Sat, Dec. 15, 2 pm	Sat, Feb. 23, 2 pm	Sat, May 4, 2 pm
Sat, Oct. 13, 5 pm	Sat, Dec. 15, 5 pm	Sat, Feb. 23, 5 pm	Sat, May 4, 5 pm
Sun, Oct. 14, 2 pm	Sun, Dec. 16, 2 pm	Sun, Feb. 24, 2 pm	Sun, May 5, 2 pm
	Sun, Dec. 16, 5 pm		

MARK YOUR SEAT PREFERENCE

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

- | | |
|--|-------------------------------|
| ORCHESTRA—PRICE LEVEL 1 | 20+ GUESTS |
| BOX—PRICE LEVEL 1 | SOLD OUT |
| ORCHESTRA—PRICE LEVEL 2 | SOLD OUT |
| BALCONY—PRICE LEVEL 3 | <input type="checkbox"/> \$25 |
| BALCONY—PRICE LEVEL 4 | <input type="checkbox"/> \$20 |
| BALCONY—PRICE LEVEL 5 | <input type="checkbox"/> N/A |
| INFANT LAP PASS (12 months or younger) | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> \$1 |

INFANT LAP PASS: Every person, regardless of age, needs a ticket. Children 12 months 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: _____

☐ TCT CROWN CLUB MEMBERSHIP SPACE IS EXTREMELY LIMITED – RESERVE YOUR SPOT TODAY

Children = _____ X \$35 = \$ _____ 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
TCT CROWN 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, scan and email to: tickets@tctcincinnati.com
Or mail to: The Children's Theatre of Cincinnati Ticket Office
 4015 Red Bank Road, Cincinnati, OH 45227
Or to fill out online, visit: www.thechildrenstheatre.com

Please indicate the number of wheelchair accessible seats in your order:

Seating is limited and cannot be guaranteed unless reserved.
