

Playhouse Square
 Connor Palace Theatre
 1519 Euclid Avenue, Cleveland, OH 44115
 Sunday, May 20, 2018 2:00pm

2018 SPRING BENEFIT CONCERT TICKET ORDER FORM

chorus: PC RC LA

Name: _____ Angel name: _____

Address: _____ Phone: _____

City/State: _____ Zip: _____ E-mail: _____

	*please check applicable box:	* please indicate number of tickets		
<input type="checkbox"/>	ADULT - dress circle = rows F-T	_____	x \$43.00	= \$ _____
<input type="checkbox"/>	CHILD	_____	x \$23.00	= \$ _____
<input type="checkbox"/>	ADULT - dress circle = rows U-Y	_____	x \$33.00	= \$ _____
<input type="checkbox"/>	CHILD	_____	x \$18.00	= \$ _____
<input type="checkbox"/>	ADULT - orchestra = rows Z-EE	_____	x \$28.00	= \$ _____
<input type="checkbox"/>	CHILD	_____	x \$15.50	= \$ _____
<input type="checkbox"/>	ADULT -orchestra = rows FF-QQ	_____	x \$18.00	= \$ _____
<input type="checkbox"/>	CHILD	_____	x \$10.50	= \$ _____
<input type="checkbox"/>	ADULT-upper-mezzanine = rows D-H	_____	x \$28.00	= \$ _____
<input type="checkbox"/>	CHILD	_____	x \$15.50	= \$ _____
<input type="checkbox"/>	ADULT-upper-balcony = rows J-M	_____	x \$18.00	= \$ _____
<input type="checkbox"/>	CHILD	_____	x \$10.50	= \$ _____
TOTAL AMOUNT DUE				\$ _____

Payment Options:

ALL SALES ARE FINAL- NO REFUNDS- NO EXCHANGES

Check # _____ (payable to The Singing Angels) Cash

Credit Card We accept: VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS

Card # _____ Exp. Date _____

Signature: _____ Zip Code _____ Security Code _____

ORDERS MUST BE RECEIVED BY ~ Saturday, May 5, 2018

The Singing Angels - 3615 Euclid Avenue - Cleveland, OH 44115
 phone: 216-432-5555 X 1300 fax: 216-432-1964 singingangels.org

*Please note: There may be instances where duplicate seats are sold.
 Playhouse Square will do their best to give you seats closet to your original selection.*

FOR OFFICE USE ONLY:

Section: Main Floor Mezz. Balcony

Row:

Seat #: