



Pennsylvania Playhouse



2008 Season Ticket Order Form

Name _____

eMail Address (optional) _____

Address _____

Cell Phone (optional) _____

City, State, Zip _____

Phone _____

Method of Payment

Check Credit : Visa MasterCard

Credit Card # _____

Exp. date _____

Signature _____

		Fri	Sat	Sun
The Miss Firecracker Contest	Jan	25	26	
	Feb	1	2	3
	Feb	8	9	10
Oklahoma	Mar	28	29	
	Apr	4	5	6
	Apr	11	12	13
One Flew Over The Cuckoo's Nest	May	30	31	
	June	6	7	8
	June	13	14	15
Oliver	Aug	1	2	
	Aug	8	9	10
	Aug	11	12	13
Sweet Charity	Oct	3	4	
	Oct	10	11	12
	Oct	13	14	15
Absurd Person Singular	Dec	5	6	
	Dec	12	13	14
	Dec	19	20	21

Plan	Quantity	Price	Amount
Season Ticket: If you know the dates of the performances for which you would like tickets, please circle the date for each show	_____ X	\$90	= _____
3 Pack: If you know the dates of the performances for which you would like tickets, please circle one date for 3 shows	_____ X	\$50	= _____
Freedom Pack:	_____ X	\$100	= _____
Total Due:			_____

Special Considerations:

Questions?
Call the Box Office
(610) 865-6665

Mail Order To:

PA Playhouse
Attn: 2008 Season Tix
PO Box 20122
Lehigh Valley, PA 18002-0122