



# VIP PLAY TICKETS

**\*\*Submit form in special designated ticket box ONLY\*\***

**ALL SEATS WILL BE ASSIGNED SEATING AND WILL BE AVAILABLE ON A FIRST COME-FIRST SERVED BASIS.**

The cast & crew of this show are invited to purchase **two** VIP tickets (first three rows).

You may choose **ONLY TWO tickets for a single performance out of the six dates.**

**Stage Preference:** Stage right is closer to MPR entrance & stage left is closer to the teacher lounge. I do not know where your child will be on stage so please make a choice, do not put the character your child is playing.

**\*\* Please indicate if you need wheelchair seating by circling the performance date selected \*\***

## Adults \$10.00

| Date               | Time | Adult Chair Tickets | Price                   | Stage Side Preference<br>(circle one if desired) |
|--------------------|------|---------------------|-------------------------|--|
|                    |      |                     |                         | MPR entrance-Teachers Lounge                     |
| Thursday, April 19 | 4:30 |                     | X<br>\$10               | STG RIGHT or STG LEFT                            |
| Friday, April 20   | 6:30 |                     |                         | STG RIGHT or STG LEFT                            |
| Saturday, April 21 | 6:30 |                     |                         | STG RIGHT or STG LEFT                            |
| Thursday, April 26 | 4:30 |                     | X<br>\$10               | STG RIGHT or STG LEFT                            |
| Friday, April 27   | 6:30 |                     |                         | STG RIGHT or STG LEFT                            |
| Saturday, April 28 | 5:30 |                     |                         | STG RIGHT or STG LEFT                            |
| <b>Totals:</b>     |      | <b>2</b>            |                         |  |
|                    |      |                     | <b>TOTAL AMOUNT DUE</b> | <b>\$ 20.00</b>                                  |

Purchaser Name \_\_\_\_\_ Phone \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please make your check payable to "Arroyo Vista Children's Theater" or "AVCT."

Pick up tickets Sat. 4/14 during practice or at Will Call during performances.

**All ticket sales are final and non-refundable.**

Questions? Nicole Daley disneybeachhoney@yahoo.com

|                                    |                   |                 |
|------------------------------------|-------------------|-----------------|
| <b>Ticket Coordinator Use ONLY</b> |                   | initials: _____ |
| Date: _____                        | Time: _____       | #: _____        |
| ( ) Cash                           | ( ) Check # _____ | Total: \$ _____ |
| Name: _____                        |                   |                 |