Ticket Order Form





Under the Big Top - 1:00 pm

The Forest & All That Jazz 2019 - 3:00 pm

All Tickets are "RESERVED SEATING ONLY" (assigned seating). Tickets may be purchased in advance by fax, drop off at the studio (black box on wall by office), or by emailing a copy of the ticket order form (subject line MUST read: Ticket Order Form). You may indicate on your order form any seating preferences, and we will do our best to accommodate you, i.e. aisle or near bathroom. Please coordinate group orders first (gather all order forms together before submitting). All ticket orders are processed in the order they are received. "Advanced Sales" tickets will be available at the theater during the dress rehearsal. Otherwise tickets will be available the day of the performance at will call at the theater 30 minutes before each performance. Tickets purchased at the day of the performance will be \$15.00.

Performances will be held at
The David F. Clune Performing Arts Center
Wilton High School, 395 Danbury Road, Wilton, CT
Directions

From North - The Redding & Ridgefield Areas:

Route 7 South, on the right side about 5 - 6 minutes south of the Studio

From South - The Westport & Norwalk Areas:

Route 7 North, on the left side about 1/2 mile north of Wilton Center

(Please return lower portion as your ticket order) Shows: Sunday June 2, 2019 — Advance Ticket Sales Advance ticket sales close 5/23 All remaining tickets sold at door will be \$15.00 1:00 PM Performance # Tickets @ \$10.00 Under the Big Top 3:00 PM Performance # Tickets @ \$10.00 The Forest & All That Jazz 2019 **-**\$20.00 New this year! Performance fee entitles each family to 2 free tickets: Total Payment enclosed: \$ Please Note: Children under the age of 2 are free, however because of the Reserve Seating, if your child is under 2 years old and you want him/her to have a seat, you must purchase a Ticket. WDS's Student's Name_____ Parent's Name_____Phone #___ Payment Method - Cash Check Visa MC Disc Amex (circle one) EXP. ____/____ Ver Code _____ Cardholder Signature _____ Card # _____

Email or Fax this form to:

Credit Card billing Address _____ Zip Code _____