

Please make checks payable to: **GCS Footlights**

Name: _____ Phone or email: _____

My child (*print his/her name*) _____ is in this musical.

_____ I am enclosing a self-addressed stamped envelope.

_____ Please hold tickets for pick up. Email address: _____ Email will be used as a contact to confirm we have received your order. No email? Text: _____

Friday, November 8th at 7:00pm

_____ @ \$8 ea. Adult

_____ @ \$6 ea. Student/Sr. Citizen (65+)

_____ @ \$0 Child 4 or under

Please circle preferred seating:

Section: Left Center Right

Row near: Front Middle Rear

_____ I need an ADA accessible chair/space. _____

Total tix: _____ Friday: \$ _____

Saturday, November 9th at 7:00pm

_____ @ \$8 ea. Adult

_____ @ \$6 ea. Student/Sr. Citizen (65+)

_____ @ \$0 Child 4 or under

Please circle preferred seating:

Section: Left Center Right

Row near: Front Middle Rear

_____ I need an ADA accessible chair/space. _____

Total tix: _____ Saturday: \$ _____

Sunday, November 10th at 3:00pm

_____ @ \$8 ea. Adult

_____ @ \$6 ea. Student/Sr. Citizen (65+)

_____ @ \$0 Child 4 or under

Please circle preferred seating:

Section: Left Center Right

Row near: Front Middle Rear

_____ I need an ADA accessible chair/space. _____

Total tix: _____ Sunday: \$ _____

Grand Total Enclosed: \$ _____