



Near West Theatre

Star Seat Package & Ticket Order Form

		Qty.		Price	=	Total
Star Seat Package:	<input type="checkbox"/> Star Seat Package	_____	x	\$120	=	_____
Single Tickets:	<input type="checkbox"/> Star Seat Single Ticket	_____	x	\$ 20	=	_____
	<input type="checkbox"/> Adult General Ticket	_____	x	\$ 8	=	_____
	<input type="checkbox"/> Child* General Ticket	_____	x	\$ 6	=	_____

*= 12 years & under

Your Total: \$_____

Order Tickets: Show: _____

Date: _____ # of Tickets: _____

Date: _____ # of Tickets: _____

I will order my tickets later.

Your Info: _____
name

_____ address

_____ city state zip

_____ phone email

Please add me to your mailing list

Please remove me from your mailing list

Payment Options: Check (please make payable to Near West Theatre)

Visa Mastercard

_____ name (as it appears on card) Zip _____

_____ account number exp. date _____

_____ signature _____

Please remit to: Near West Theatre 6514 Detroit Avenue Cleveland, OH 44102. Thank you for your support!