

ORDER YOUR TICKETS TODAY!

Complete both sides of this form. Please note that orders received by mail or fax are subject to a \$5 processing fee. Returned checks are subject to a \$20 service charge.

PLEASE PRINT

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: (____) _____

Secondary Phone: (____) _____

Email: _____

Payment Enclosed (Check One):

Check Discover Visa Mastercard

Please make checks payable to
The Theatre in the Park.

COMPLETE FOR CREDIT CARD PAYMENT

Name as it appears on card:

Account #: _____

Expiration Date: ___/___/___ *CID #: _____

*Last three numbers on back of your credit card. We cannot process your order without this information.

Authorized Signature:

Patrons who purchase Star Packages and Season Tickets will be acknowledged on The Theatre in the Park website. Please print your name as it should appear in the website listing (30 letter limit).

Please detach and mail this completed form (both sides), plus payment to:

The Theatre in the Park
JCPRD Recreation Administration Bldg. A
6501 Antioch Road
Shawnee Mission, KS 66202

Please complete this information
as it applies to your ticket purchase.

TICKET OPTIONS

★★★★★ 5-Star Ticket Package.....\$550

★★★★ 4-Star Ticket Package.....\$325

★★★ 3-Star Ticket Package.....\$215

Season Tickets.....\$24

Qty: _____ x \$24 (applicable for adult and youth)

Qty: _____ Children (Free ticket still required for those three and under)

TOTAL QTY: _____ TOTAL \$ _____

Reserved Chairs.....\$20/ea

1st Date: _____ 2nd Date: _____

Qty: _____ x \$20 Qty: _____ x \$20

3rd Date: _____ 4th Date: _____

Qty: _____ x \$20 Qty: _____ x \$20

Please copy this form to request more than four dates.

TOTAL QTY: _____ TOTAL \$ _____

Show Night Tickets.....\$8/Adult

\$6/Youth (ages 4-10)

Free/Child (3 and under)

(Free ticket still required for those three and under)

1st Date: _____ 2nd Date: _____

Qty: _____ x \$8/Adult Qty: _____ x \$8/Adult

Qty: _____ x \$6/Youth (ages 4-10) Qty: _____ x \$6/Youth (ages 4-10)

Qty: _____ x Free/Child (3 and under) Qty: _____ x Free/Child (3 and under)

3rd Date: _____ 4th Date: _____

Qty: _____ x \$8/Adult Qty: _____ x \$8/Adult

Qty: _____ x \$6/Youth (ages 4-10) Qty: _____ x \$6/Youth (ages 4-10)

Qty: _____ x Free/Child (3 and under) Qty: _____ x Free/Child (3 and under)

Please copy this form to request additional dates.

TOTAL ORDER: \$ _____

PROCESSING FEE: \$ **+ 5.00**

I wish to support The Theatre in the Park with a contribution of \$ _____

TOTAL ENCLOSED: \$ _____