



Parent Pass Order Form



Cast/Crew Member: _____

Issued on a First Come, First Served Basis • Available to Cast Member and Crew Families Only

For the price of \$25 per person you will receive:

- ▶ A Special Reserved Seat Ticket* for One Performance of Your Choice in One of the First Two Center Rows
- ▶ A Complete Concessions Meal - **NO WAITING IN LINE!**
- ▶ A Personalized Commemorative Show Button
- ▶ A Ticket* for an Unsold Seat for the Other Performances (redeemable 15 minutes before start of show)



* Tickets are non-transferable

Please indicate the name of the pass holder: _____

Cash and/or checks payable to: **St. John's Lutheran Church** (note KMT Ticket Sales in memo).

	Friday, April 27 @ 7:00pm	Saturday, April 28 @ 1:00pm	Saturday, April 28 @ 7:00pm
1.			
2.			
3.			
4.			
5.			

Betty Arnold: (714) 317-9226 or kidsmusicaltheater@gmail.com

PLEASE TURN IN BEFORE February 23

Cash or Check # _____ Amount Paid _____ Seats Issued: _____

KIDS MUSICAL THEATER
P R E S E N T S

Ticket Order Form

Cast Member: _____

Each cast member is required to purchase at least 10 tickets @ \$10 each.

Wheelchair accessible seats are available with one companion seat, other members of the same party will be seated as close as possible, pending ticket availability.

Please indicate the number of tickets for each show.

	Friday, April 27 @ 7:00pm	Saturday, April 28 @ 1:00pm	Saturday, April 28 @ 7:00pm
Preferred Seating for Family			
Wheelchair (designate 2 tickets)			
Other Seating			
TOTAL # of tickets for each show			

Cash and/or checks payable to: **St. John's Lutheran Church** (note KMT Ticket Sales in memo).

Tickets are non-refundable and should be relinquished to the Box Office if not sold within 24 hours of the performance.

Ticket order due to Betty no later than February 23
 Tickets will be available for distribution on
March 13 at the Parent Meeting

PLEASE KEEP TRACK OF YOUR TICKETS. KMT is not responsible for misplaced or stolen tickets.

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Cash or Check # _____ Tix Rec'd by _____