



MEMBER TICKET ORDER FORM

*This is the ticket order form for members of the Continuo Arts Foundation.
 Preferential seating is on a first-come, first-served basis.*

NAME: _____

PHONE: _____ E-MAIL: _____

<u>TICKET TYPE</u>	<u>NUMBER REQUESTED</u>	<u>SUBTOTAL</u>
Adult Ticket		@ \$20 per ticket =
Child/Student/Senior Ticket		@ \$10 per ticket =

TOTAL: \$ _____

Please specify any special seating needs in the space provided. (Example: wheelchair accessible.)

METHOD OF PAYMENT: CASH CREDIT CHECK
Please circle.

(FOR OFFICIAL USE)

Date received: _____ Cash total: _____

Credit card number: _____

Exp: _____ CVV: _____

Check number: _____