

# STAGE COACH PLAYERS THE MUSIC MAN ORDER FORM



NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

\_\_\_\_\_ Thursday, March 4th, 7:30pm  
 \_\_\_\_\_ Friday, March 5th, 7:30pm  
 \_\_\_\_\_ Saturday, March 6th, 7:30pm  
 \_\_\_\_\_ Sunday, March 7th, 2pm  
 \_\_\_\_\_ Thursday, March 11th, 7:30pm  
 \_\_\_\_\_ Friday, March 12th, 7:30pm  
 \_\_\_\_\_ Saturday, March 13th, 2pm  
 \_\_\_\_\_ Saturday, March 14th, 7:30pm  
 \_\_\_\_\_ Sunday, March 15th, 2pm

Number of Adult Tickets	Qty	_____	@ \$15	TOTAL	_____
Number of Senior Tickets	Qty	_____	@ \$12	TOTAL	_____
Number of Children Tickets (under 12)	Qty	_____	@ \$12	TOTAL	_____
Number of Adult group tickets (10 or more in 1 order)	Qty	_____	@ \$13	TOTAL	_____
Number of Senior group tickets (10 or more in 1 order)	Qty	_____	@ \$10	TOTAL	_____
Number of Children group tickets (10 or more in 1 order)	Qty	_____	@ \$10	TOTAL	_____

Yes, I'd like to support local community theatre and SCP. Enclosed are my membership dues (\$10 for single member, \$15 for family) TOTAL \_\_\_\_\_

TOTAL ENCLOSED \_\_\_\_\_

Special seating concerns \_\_\_\_\_  
 Please indicate if you request aisle seating. Please understand that this will mean you will be off to the side as this theatre does not have a center aisle. If you wish to sit together with another patron please submit your order forms together.

## PAYMENT

\_\_\_\_\_ Check enclosed  
 \_\_\_\_\_ Mastercard  
 \_\_\_\_\_ Visa  
 \_\_\_\_\_ Discover

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code (3 digit) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

For multiple ticket requests please submit separate forms. Please mail to:  
 Stage Coach Players, PO BOX 511, DeKalb, IL 60115

PLEASE NOTE: The Music Man will be performed SCP Theatre, 126 5th Street, DeKalb, IL