

# ROLLIN' IN THE AISLES

## Season Ticket Order Form: Season 2019

### SEATING CHART

STAGE												
Rows A-D are on the floor level. This section is handicap accessible.												
A	XXXXX	A11	A10	A9	A8	A7	A6	A5	A4	A3	A2	A1
B	B12	B11	B10	B9	B8	B7	B6	B5	B4	B3	B2	B1
C	XXXXX	C11	C10	C9	C8	C7	C6	C5	C4	C3	C2	C1
D	D12	D11	D10	D9	D8	D7	D6	D5	D4	D3	D2	D1
Rows E-G are one level up (two steps & a railing in front of row E).												
E	XXXXX	E11	E10	E9	E8	E7	E6	E5	E4	E3	E2	E1
F	XXXXX	XXXXX	F10	F9	F8	F7	F6	F5	F4	F3	F2	F1
G	XXXXX	G11	G10	G9	G8	G7	G6	G5	G4	G3	G2	G1
Rows H-I are one level up from the previous level (two steps & a railing in front of row H).												
H	XXXXX	H11	H10	H9	H8	H7	H6	H5	H4	H3	H2	H1
I	XXXXX	I11	I10	I9	I8	I7	I6	I5	I4	I3	I2	I1

Item	Quantity	Total
Regular Season Passport	_____ @ \$95.00	
Senior Citizen (62+), Military, Student Season Passport	_____ @ \$85.00	
KCTG Member Season Passport	_____ @ \$80.00	
Child Season Passport (Ages 5-12; children under 5 not admitted)	_____ @ \$45.00	
Donation (goes directly to our capital improvement fund)	XXXXXXXXXXXXXXXX	
Membership	_____ @ \$15.00	
Total Amount Enclosed	XXXXXXXXXXXXXXXX	

#### CHOOSE YOUR SEATS

1st Choice: Row \_\_\_\_\_, Seat(s) \_\_\_\_\_

2nd Choice: Row \_\_\_\_\_, Seat(s) \_\_\_\_\_

#### CHOOSE YOUR DATES

##### Performance Choice

1st Friday  1st Saturday

Sunday Matinee (1st Weekend)

2nd Friday  2nd Saturday

For credit card orders, please include:

Full Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVC (three digit number on back of card): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please return this completed form, along with your payment and any other forms to:

Kent County Theatre Guild

PO Box 783

Dover, Delaware 19901

SEATING IS ASSIGNED ON A FIRST COME, FIRST SERVED BASIS.

Please mail my passport(s) to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DEADLINE FOR SEASON TICKETS IS NOVEMBER 30, 2018.**