



SEASON TICKET ORDER FORM: 2020 SEASON

SEATING CHART

STAGE

Rows A-D are on the floor level. This section is handicap accessible

A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
B1	B2	B3	B4	B5	B6	B7	B8	B9	B10
C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
D1	D2	D3	D4	D5	D6	D7	D8	D9	D10

Rows E - G are one level up (Two steps and a railing in front of row E)

E1	E2	E3	E4	E5	E6	E7	E8	E9	E10
F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
G1	G2	G3	G4	G5	G6	G7	G8	G9	G10

Rows H - I are one level up from the previous level (Two steps and a railing in front of row H).

H1	H2	H3	H4	H5	H6	H7	H8	H9	H10
I1	I2	I3	I4	I5	I6	I7	I8	I9	I10

Item	Quantity	Total
Regular Season Ticket	____ @ \$95	
Senior Citizen (62+), Military, Student Season Ticket	____ @ \$85	
Child Season Ticket (Ages 5-12) Children under 5 not admitted	____ @ \$45	
Donation (Capital Improvement Fund)		
Total Amount Enclosed		

CHOOSE YOUR SEATS

1st Choice: Row____, Seat(s)____

2nd Choice: Row____, Seat(s)____

CHOOSE YOUR DATES:

Performance Choice

☐ 1st Friday ☐ 1st Saturday

☐ 2nd Friday ☐ 2nd Saturday

☐ Sunday Matinee (2nd Weekend)

☐ 3rd Friday ☐ 3rd Saturday

For Credit Card orders, please include:

Full Name on Card: _____

Credit Card Number: _____

CVC (3 digits on back of card): _____

Zip Code: _____

Expiration Date: _____

Please return this completed form, along with
payment to:

Kent County Theatre Guild

P.O. Box 783

Dover, DE 19901

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

Please mail my Ticket(s) to:

Name: _____

Address: _____

Phone: _____

Email: _____