

Your Support of Community Theater of Terre Haute is Greatly Appreciated.
CT-Where Everyone Plays a Part !!!!

MAKING YOUR CT PLAY RESERVATIONS - 2009-2010 SEASON

By Mail: Mail-in reservations guarantee the best seating. Reservations are processed in postmarked order. They may be mailed or submitted to the Ticket Office after the closing of the preceding show. Tickets will be mailed to you 2 to 3 weeks after the preceding show closes. Use the forms below to make reservations. If you want to receive your **tickets by mail**, include the following:

1. **The Completed Form**
2. **Your FlexPass(es)**
3. **A self-addressed and Stamped Return Envelope**

Mail to: Reservations, Name of the Play (e.g. Little Women), Community Theatre of Terre Haute, 1431 S. 25th St., Terre Haute, IN 47803

If you wish us to hold your tickets, mark that on the form and you will be able to pick up your tickets by bringing your FlexPass(es) to the Ticket Office during Office hours or by picking up your tickets at least 30 minutes before show time.

If you wish to sit with friends, use one form for all reservations, and include ALL FlexPasses.

Problems? Call Sonni Crawford (812-877-2175), Marty Cornelius (812-877-4501) or Miren Beristain (812-234-4488).

Ticket Office Hours:

FlexPass Sales Ticket Office Hours: Wed, Sept 2 & Sept 9 from 10:00 am to 1:00 pm

Prior to each show weekend (starting Sept 16): Wednesday through Friday 10:00-4:00, Saturdays: 10:00-2:00 - and **One Hour Before each Performance.**

Ticket Office Telephone Numbers: **812-232-7172** or **812-232-7173**

NEVER EMAIL YOUR RESERVATION OR LEAVE YOUR RESERVATION IN A PHONE MESSAGE



Submit after March 14, 2010

MAIL: _____ HOLD: _____

5. **Mame**

This is Musical – ONLY ONE PUNCH PER FLEXPASS ALLOWED
Cash Value of Ticket: \$17 / Adult, \$8 / Students

Circle Desired Date: **Fri 4/30, Sat 5/1, Sun 5/2, Thu 5/6, Fri 5/7, Sat 5/8, Sun 5/9**

8:00 p.m. Thu, Fri & Sat – Sun Mat at 2:30 p.m

NAME: _____ TEL: (h) _____ (w): _____

Number in Party: _____, Seating Preference: _____

Important Notice: FlexPass **must** accompany mail order request if show tickets are being mailed.



Submit after January 24, 2010

MAIL: _____ HOLD: _____

4. **Night Watch**

Circle Desired Date: **Fri 3/5, Sat 3/6, Sun 3/7, Fri 3/12, Sat 3/13, Sun 3/14**

8:00 p.m. Fri & Sat – Sun Mat at 2:30 p.m

NAME: _____ TEL: (h) _____ (w): _____

Number in Party: _____, Seating Preference: _____

Important Notice:

**FlexPasses must accompany mail order requests
if show tickets are being mailed.**

**Your Support of Community Theater of Terre Haute is Greatly Appreciated.
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Submit after November 15, 2009

MAIL: _____ HOLD: _____

3. **Late of this Address**

Circle Desired Date: Fri 1/15, Sat 1/16, Sun 1/17, Fri 1/22, Sat 1/23, Sun 1/24

8:00 p.m. Fri & Sat– Sun Mat at 2:30 p.m.

NAME: _____ TEL: (h) _____ (w): _____

Number in Party: _____, Seating Preference: _____

Important Notice: FlexPass **must** accompany mail order request if show tickets are being mailed.



Submit after September 27, 2009

MAIL: _____ HOLD: _____

2. **Night of the Iguana**

Circle Desired Date: Fri 11/6, Sat 11/7, Sun 11/8, Fri 11/13, Sat 11/14, Sun 11/15

8:00 p.m. Fri & Sat – Sun Mat at 2:30 p.m

NAME: _____ TEL: (h) _____ (w): _____

Number in Party: _____, Seating Preference: _____

Important Notice: FlexPass **must** accompany mail order request if show tickets are being mailed.



Submit after August 9, 2009

MAIL: _____ HOLD: _____

1. **How the Other Half Loves**

Circle Desired Date: Fri 9/18, Sat 9/19, Sun 9/20, Fri 9/25, Sat 9/26, Sun 9/27

8:00 p.m. Fri & Sat – Sun Mat at 2:30 p.m.

NAME: _____ TEL: (h) _____ (w): _____

Number in Party: _____, Seating Preference: _____

Important Notice: FlexPass **must** accompany mail order request if show tickets are being mailed.

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