

HIGH SCHOOL MUSICAL - RAINEY FINE ARTS CENTER

Please fill out bottom portion also! IMPORTANT! Ticket confirmations are sent via email. Please print clearly.

Purchaser Name _____
 Email (all caps please) _____
 Phone _____
 How did you hear about the show? _____

Office Use Only -
 INTERNET PURCHASE
 Processed Tickets _____
 Released Tickets _____
 Seat Number _____

Show Time ___ Th. 6/5 7:00 P.M.
 (Check Show ___ Fri. 6/6 10:00 A.M. (Family Matinee All tickets \$10)
 Choice) ___ Fri. 6/6 7:00 P.M.
 ___ Sat. 6/7 1:00 P.M.
 ___ Sat. 6/7 7:00 P.M.
 ___ Sun. 6/8 3:00 P.M.

Ticket Info. # Adult _____ @ \$12.00 = _____
 # Student _____ @ \$10.00 = _____
 # Group _____ @ \$10.00 = _____ *
 Friday Matinee # Family _____ @ \$10.00 = _____

 Total _____

**Mail this completed order
 form along with your payment
 or PayPal billing request to:
 CYT Anderson
 PO Box 5144
 Anderson, SC 29623**

**Ticket phone line:
 864-224-5186**

_____ **Amount Paid - Cash
 _____ **Amount Paid - Check # _____

* You **MUST** call the CYT office to arrange group tickets. A group is 15 or more tickets, same show. You must have one contact person for entire group. A voucher will be issued to the contact person who will pick up the reserved seating tickets at the door.
 ** There is a \$2.00 change fee per ticket for changes to your seating. Tickets are non-refundable. (\$20 Fee for all returned checks.)
