



### MS WHEELCHAIR USA SHOW TICKET ORDER FORM

No tickets will be mailed. Show tickets will be at the theatre Will Call Window for pick up 30 minutes prior to show. CenterStage Theatre at Walsh Jesuit High Complex, 4550 Wyoga Lake Rd., Cuyahoga Falls, Ohio 44224

#### Presale Tickets for MWUSA competitions – deadline for presale 7/15/17

➤ **Friday Night Preliminary Competition – all ages one price**

Friday, July 28, 2017	7:30pm show	CenterStage Theatre - Walsh
	Orchestra Seating	*Presale Price - \$25
	All Other Theatre Sections	*Presale Price - \$20
<b><u>AFTER JULY 15</u></b>	Orchestra Seating	\$35
	All Other Theatre Sections	\$30

➤ **Final Night competition & crowning of MWUSA 2017/2018 – all ages one price – includes entrance to the Coronation Ball immediately after crowning**

Saturday, July 29, 2017	7:30pm	CenterStage Theatre - Walsh
	Orchestra Sections	*Presale Price -\$40
	Theatre Sections	*Presale Price -\$35
<b><u>AFTER JULY 15</u></b>	Orchestra Seating	\$45
	All Other Theatre Sections	\$40

You can email your ticket order & payments to [Lowery@MsWheelchairUSA.org](mailto:Lowery@MsWheelchairUSA.org)

Or

Purchase by making a DONATION through PayPal via [www.MsWheelchairUSA.org](http://www.MsWheelchairUSA.org) indicate in the comments section that you are buying show tickets

Or

Make checks payable to: The Dane Foundation and mail your order to Ms. Wheelchair USA PO Box 124 Cuyahoga Falls, OH 44222.

**CONTESTANT YOU ARE SUPPORTING:** \_\_\_\_\_

Name of Individual Ordering Tickets \_\_\_\_\_

Your Phone Number \_\_\_\_\_

Your Email For Confirmation of your ticket order \_\_\_\_\_

**I wish to purchase the following tickets: \*indicates price before 7-15-17**

\_\_\_\_\_ Friday Orchestra Section seats @ \*\$25/\$35 per person = \$ \_\_\_\_\_

\_\_\_\_\_ Friday Theatre Sections seats @ \*\$20/\$30 per person= \$ \_\_\_\_\_

\_\_\_\_\_ Saturday, Finale Competition Orchestra @ \*\$40/\$45 per person= \$ \_\_\_\_\_

\_\_\_\_\_ Saturday, Finale Competition Theatre Seats @ \*\$35/\$40 each= \$ \_\_\_\_\_

Payment must accompany order - Total Ticket Order \$ \_\_\_\_\_

**Payment method:** (Circle One ) Check enclosed Credit Card  
VISA MC American Express Discover

Name on card \_\_\_\_\_

Phone Number of cardholder \_\_\_\_\_

Credit card number \_\_\_\_\_

Security code on back of card \_\_\_\_\_ Amer. Exp code on front of card \_\_\_\_\_

Expiration date \_\_\_\_\_ Amount to charge \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of card holder \_\_\_\_\_