

BROADWAY san jose

Broadway San Jose Seaton Ticket Order Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Evening Phone:** _____

Email Address: _____

Standard Season Ticket

Performance Day	Time	Section	Quantity		Price	Sub-Total
				X		
				X		
				X		

To qualify as a Senior you must be at least 60 years old

To qualify as a Student you must be enrolled in at least 9 units

Extra Season Events*

	Day/Date	Time	Quantity		Price	Sub Total
Cats				X		

* Must purchase a full season package to add on the extra season events

Proof of age and enrollment must be included with this order to receive any discounts.

Payment Options

Credit Card (circle one): VISA MasterCard American Express

Card Number _____

Exp. Date: _____

Signature _____

Check: Make payable to Broadway San Jose

Payment is processed upon receipt. Your cancelled check or charge statement is acknowledgement of payment. Sorry, no refunds. All sales are final and tickets cannot be resold. Programs, artists, prices, dates and times subject to change. Please note, handling and processing fees apply to all transactions.

**Mail to: Broadway San Jose Season Tickets
P.O. Box 122911, San Diego, CA 92112-2911**