

UNIVERSITY ORDER FORM

Student, Faculty & Staff Order Form

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ E-mail Address: _____
Please include your e-mail address to receive updates and special offers.

AT THE CLO CABARET



Now - Sept 5, 2010

Wed-Sat @ 7:30pm • Sat/Sun @ 2pm • Sun @ 2pm

Desired Date: _____

Desired Time: _____

of University Tickets: _____ x \$14 ea. = _____



Sept 9, 2010 - Jan 9, 2011

Wed-Sat @ 7:30pm • Sat/Sun @ 2pm • Sun @ 2pm

Desired Date: _____

Desired Time: _____

of University Tickets: _____ x \$15 ea. = _____

Individual show tickets will be held at the Box Office on the day of the performance, unless you provide a valid mailing address within 10 days of the performance. This is a FINAL SALE. Orders must be received 10 days prior to performance date. 4 ticket maximum per show - theater seating only.

PAYMENT INFORMATION:

Check or Money Order # _____ Payable to Pittsburgh CLO. Please include the check with this form.

Credit Card: (check one) American Express Discover MasterCard Visa

Card Number: _____ Exp. Date: _____

Signature: _____