

2010 Season Ticket Form

Mr/Mrs/Miss/Ms _____

Billing Address: _____

City: _____

Day Phone: _____ Evening Phone: _____

E-Mail: _____

Since event dates, times or programs sometimes change, your e-mail address on your order form will help CCPA communicate with you more effectively. It is CCPA's policy not to share this personal information with outside organizations.

By submitting this form, you are requesting tickets for the Covina Center for the Performing Arts' "a family oriented 2010 season".

Package A (All 15 Events) Number of seats: _____

Package B (All 5 Main Stage Productions) Number of seats: _____

Select Day: THURS FRI SAT SUN Select Weekend: 1st 2nd 3rd 4th

(Selected dates and seats are for Main Stage shows only, reserved seating does not apply to Special Events.)

If you have had Season Tickets before would you like your same seats? _____

If you are a new Season Ticket holder do you have a seat preference? _____

Please charge my tickets to (Please list billing address for credit card above):

Visa Mastercard

Card # _____ Exp. Date: _____ Security Code: _____

Signature of cardholder _____

HELPFUL HINTS

Make a copy of your order form. Check your order thoroughly. Tickets will be mailed no later than 10 days prior to first performance. Visit www.CovinaCenter.com for more program details.

**CALL THE SEASON TICKET HOTLINE: 626 331-8133 ext. 626 OR PLEASE
FAX THIS FORM TO THE BOX OFFICE 626 331.8433**