

2009
season

order form

Mr/Mrs/Miss/Ms: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
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 Performing Arts' "something **BOLD** is happening!!!" 2009 Season. We will do our best to fulfill your order as requested.

Selected Package: _____ Number of Seats: _____

Specialty Package - The Champion's Place Ltd Dinner: _____ Number of Seats: _____

For Mainstage Season • Select You Season Option:

Option No. 1 Festival of New American Musicals Option No. 2 H.M.S. Pinafore in Concert

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

Visa MasterCard

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

Signature of cardholder: _____

Enclosed is my check # _____ payable to: Covina Center for the Performing Arts.
I am redeeming a CCPA gift certificate(s) - Please include original gift certificates with your order form. GC # _____ \$ _____ GC # _____ \$ _____

HELPFUL HINTS

Make a copy of your order form • Check your order thoroughly • Tickets will be mailed no later than 14 days prior to the first performance on your order • Visit www.CovinaCenter.com for more program details

**Purchase your tickets at www.CovinaCenter.com
or call the Season Ticket Hotline 626.331.8133 ext. 626**