

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
 Email: _____

1. Indicate number of each type of tickets:

_____ 3 Main shows @ \$49 ea = _____
 _____ Aug Show @ \$12 ea = _____
 _____ Holiday Show @ \$10 ea = _____

Tax deductible donation = _____

Total Cost (add \$1.60 for credit cards) = _____

2. Select performance by marking "X":

SHE LOVES ME	10/4 @7:30	10/5 @2:00	10/11 @7:30	10/12 @7:30	10/13 @2:00
SWEET DELILAH SWIM CLUB	2/28 @7:30	3/1 @2:00	3/7 @7:30	3/8 @7:30	3/9 @2:00
SISTER ACT	5/17 @7:30	5/18 @2:00	5/24 @7:30	5/25 @7:30	5/26 @2:00
ALL I REALLY NEED TO...	8/16 @7:30	8/17 @7:30	8/18 @2:00		
CHRISTMAS CAROL	12/5 @7:30	12/6 @7:30	12/8 @2:00		

3. Select seats:

_____ Keep the same as last year
 _____ Best available
 _____ Other (please explain)

4. Select method of payment:

_____ Check (payable to *The Alpha Players*)
 OR Credit card: __MC __Visa __Discover
 Name on card: _____
 Acct #: _____
 3 digit CIV# (back of card) _____ Exp: _____
 Signature: _____

5. Mail this form with payment to:

The Alpha Players
 PO Box 2078
 Florissant, MO 63032
 Or call 314-258-3018 to charge it



2024-2025 SEASON TICKET ORDER FORM

NOTES

A season ticket package includes one ticket to each of the 3 Main shows. The cost for the package is \$49.

Please note there are 2 matinees for the 3 main shows. Both are at 2pm.

Tickets will be emailed unless you specifically request paper/USPS mailing.