

Please **PRINT** and **COMPLETE** this form and **MAIL** to **KPAS** as soon as possible for best available seating!

TICKET TRIO - WEB ORDER FORM

Mail to: KPAS / PO Box 291884 / Kerrville, TX 78029

**#1
info**

NAME _____ PHONE (_____) _____
MAILING ADDRESS _____ CITY _____ ZIP _____
EMAIL _____

**#2
order**

___ Ticket Trio Packages (Yellow) @ \$120 =
___ Ticket Trio Packages (Pink) @ \$90 =
___ Ticket Trio Packages (Blue) @ \$60 =

**#3
show**

Select your Performance Preference!!!

OPENING SHOWS (November 1st/February 17th/May 8th)
 CLOSING SHOWS (November 2nd/ February 18th/ May 9th)

**#4
payment**

Enclosed please find a check in the amount
of made payable to:
Kerrville Performing Arts Society

OR

Please bill my credit card the amount of
MASTERCARD/VISA # _____ Exp. Date _____
Name on card _____

**#5
requests**

REQUESTED SECTION:

Left
Center (circle one)
Right

REQUESTED ROW:

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Special Needs/Wheelchair Accessibility may be important
to you... Please describe your special needs below:

