ROCKY MOUNTAIN REPERTORY THEATRE

2024 TICKET ORDER FORM

2024 SHOW TICKETS

SHOW	DATE	TICKET QTY. & TYPE			TOTAL
Kinky Boots		Adult: _____ Orchestra ($65)	_____ Premium ($55)	_____ Value ($45)	
		Child: _____ Orchestra ($55)	_____ Premium ($45)	_____ Value ($35)	
The Music Man		Adult: _____ Orchestra ($65)	_____ Premium ($55)	_____ Value ($45)	
		Child: _____ Orchestra ($55)	_____ Premium ($45)	_____ Value ($35)	
Come From Away		Adult: _____ Orchestra ($65)	_____ Premium ($55)	_____ Value ($45)	
		Child: _____ Orchestra ($55)	_____ Premium ($45)	_____ Value ($35)	
I Left My Heart		Adult: _____ Orchestra ($65)	_____ Premium ($55)	_____ Value ($45)	
		Child: _____ Orchestra ($55)	_____ Premium ($45)	_____ Value ($35)	

☐ I purchased three or more different shows. Make me a subscriber!

SPECIAL EVENTS

SHOW	DATE	TICKET QTY. & TYPE			TOTAL
RMRT Cabaret	07/20	_____ All Seats ($175) *Adults 21+ Only*			
Home for the Holidays	12/14	_____ Orchestra ($45)	_____ Premium ($35)	_____ Value ($25)	
Home for the Holidays	12/15	_____ Orchestra ($45)	_____ Premium ($35)	_____ Value ($25)	
New Year's Eve	12/31	_____ Orchestra ($50)	_____ Premium ($40)	_____ Value ($30)	

EVERY DOLLAR COUNTS

Please consider supporting your favorite summer theatre company! We appreciate every donation that comes in. Remember, RMRT is a 501(c)(3) non-profit, so every gift is tax-deductible. Thank you for supporting the Rep!

Give Online:
RockyMountainRep.com or ColoradoGives.org

Text:
GiveRMRT to 44-321

TOTAL

Show Ticket Total .... $ _____

Special Event Total .... $ _____

Facilities Fee (# of tickets ordered X $3) .... $ _____

Credit Card Fee* (# of tickets ordered X $3) .... $ _____
  processing fee if paying by credit card

General Operating Fund Donation .... $ _____

Raise the Roof Donation .... $ _____

Grand Total .... **$ _____**

☐ I am a 2023 subscriber. Please reserve my tickets early!

PAYMENT

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐ My check is enclosed

☐ Charge my order to: ___Visa ___MasterCard ___Discover

Card #: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Exp. Date: _____ / _____ Security Code: _____

Signature: _____
Required for Credit Card Purchases

SEATING PREFERENCE

Don't forget to check our seating chart and select your seat for the season. We will try to accommodate your first choice but just in case, provide us with three others.

#1 _____ #2 _____ #3 _____ #4 _____

PLEASE MAIL TICKET ORDER FORMS TO:

PO Box 1682
Grand Lake, CO 80447

Sales Begin **March 20TH**