

**'Underground'**

Monday, March 6th, 9:30am 2017 School Show Ticket Order Form  
 TOUHILL CENTER FOR THE PERFORMING ARTS (ANHEUSER-BUSCH THEATER)  
 1 UNIVERSITY BLVD, ST. LOUIS, MO 63121  
 ALL SCHOOL SEATS RESERVED - NO REFUNDS - NO EXCHANGES

<b>FOR OFFICE USE ONLY</b>	Order Nbr _____
Date Received	_____
Amount Collected	_____
# Tickets Purchased	_____

School \_\_\_\_\_

Teacher/s & Their Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Transportation Number of Cars / Vans \_\_\_\_\_  School will come in \_\_\_\_\_ number of buses

Primary Contact \_\_\_\_\_

**Order For: MONDAY, MARCH 6, 2017: 9:30AM**

Ticket	Price	QTY	TOTAL

TO OUR HOMESCHOOL FRIENDS: WE OFFER 1 FREE TEACHER TICKET FOR EVERY GROUP OF 10.  
 PLEASE INCLUDE AGE RANGES AND APPROXIMATE NUMBER OF VEHICLES (FOR PARKING ASSURANCE) - THANK YOU!

Special Requests: (Needs, Impairment Provision Requests)

\_\_\_\_\_

Date	_____	Deposit (20%)*	_____
Date	_____	Balance Due	_____
Date	_____	Total Paid	_____

**\*20% Non-Refundable Deposit Due at Time of Order**  
**BALANCE DUE : 2/29/17 (or by arrangement)**  
**Tax Exempt Certificate Required for NonProfits**

ORDER NOTES: \_\_\_\_\_

Cash : Cash Amount \_\_\_\_\_

( Checks Payable to: The Culture House ) Check Number \_\_\_\_\_ Check Amount \_\_\_\_\_ PO Number \_\_\_\_\_

MasterCard Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ SIC Code \_\_\_\_\_

VISA Name On Card \_\_\_\_\_ Signature \_\_\_\_\_

AmEx Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Discover \_\_\_\_\_