

SHAKESPEARE & COMPANY

TICKET ORDER FORM

Name _____

Street Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____

Evening Phone (_____) _____

E-mail Address _____

Performance Title	Date	Time	# Tkts.	Section*	Price	\$ Total

*Indicate Section A, B, C, Premium or Groundling in Founders',
A, B, or C in the Elayne P. Bernstein Theatre

calculate appropriate discounts (must prove eligibility)

Total for Tickets

Sales Tax: (included in ticket price)
Please be aware that a tax is charged for food items. Call the box office for details.

Your optional tax-deductible contribution (Thank you!)

Total Amount Enclosed

Payment by Check MasterCard Visa AMEX Discover

Cardholder Name _____
(please print)

Card # _____ Exp. date _____ CVC code: _____

Signature _____

Mail, phone, fax, or e-mail credit card orders to:
Shakespeare & Company Box Office,
70 Kemble Street, Lenox, MA 01240-2813
phone: **(413) 637-3353** | fax: **(413) 637-4274**
boxoffice@shakespeare.org