

**Ticket Order Form
2023
"Gem of a Season"**

Name: Please list each ticket holder.

1) _____

2) _____

Address*: _____

City, State, Zip: _____

Ph.#: _____

Email: _____

of tickets ordered: _____

8-event season x \$140 by 1/31 _____

8-event season x \$160 after 1/31 _____

4-event season x \$70 by 1/31 _____

4-event season x \$80 after 1/31 _____

+ Gemstone support:

+ Emerald (\$25) _____

+ Sapphire (\$50) _____

+ Diamond (\$100+) _____

+ Marquee Fund _____

+ Tuck Point Fund _____

+ General Fund _____

Total Enclosed: _____

*Tickets will be mailed PRIOR to 3/31/23

THANK YOU!

Send completed form to:

**Crystal Theatre
PO Box 275
Crystal Falls, MI 49920**