

Ticket Order Form 2024 Season

Name: Please list each ticket holder.

1) _____

2) _____

Address*: _____

City, State, Zip: _____

Ph.#: _____

Email: _____

Order BY January 31, 2024:

12-ticket Flex-pass x \$216 _____

8-ticket Flex-pass x \$144 _____

4-ticket Flex-pass x \$72 _____

Order ON or AFTER February 1, 2024:

12-ticket Flex-pass x \$246 _____

8-ticket Flex-pass x \$164 _____

4-ticket Flex-pass x \$82 _____

Make a donation to the theatre:

+ General Fund _____

Total Enclosed: _____

Order Confirmation will be mailed PRIOR to 3/31/24 if no email given. Otherwise confirmation will come as an email.

THANK YOU!

Mail to: Crystal Theatre
PO Box 275
Crystal Falls, MI 49920