

# Little Shop of Horrors

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Preferred Section:**      Left                      Center                      Right

*We will attempt to accommodate your requests starting with the front half of the auditorium, however if a section is filled, you will be placed in the closest available seating.*

Special Needs: (i.e. wheelchair) : \_\_\_\_\_

		<u>Number</u>		<u>Total</u>
Friday, March 5 <sup>th</sup>	7 p.m.	_____ x \$8		_____
Saturday, March 6 <sup>th</sup>	7 p.m.	_____ x \$8		_____
Sunday, March 7 <sup>th</sup>	2 p.m.	_____ x \$6		_____

Row: \_\_\_\_\_ Seats: \_\_\_\_\_

Row: \_\_\_\_\_ Seats: \_\_\_\_\_

Row: \_\_\_\_\_ Seats: \_\_\_\_\_

For Office Use Only

Total Enclosed: \_\_\_\_\_

\_\_\_\_\_ Hold At door      \_\_\_\_\_ Send home with student

Ticket requests can be mailed or dropped off to:  
NEHS Musical  
117 Evergreen Road  
New Egypt, NJ 08533

If you have any questions please call Patricia Wunsch or Kathleen Chesmel at 609.758.6800

Tickets will not be processed without payment