



170 High St. SE • Salem, OR 97301 • Phone 503.375.3574 • Fax 503.375.0284

Order Form

Name _____

Address _____

City/State/Zip _____

Email _____

Phone/s _____

Individual Tickets

Date	Performance	Mezzanine	Main A/U	Main V/Z	Balcony A/F	Balcony G/R	No. of Tickets	TOTAL
<input type="checkbox"/> Sat: 1/8/05	B.J. Thomas	\$55	\$39	\$33	\$27	\$17	_____	\$_____
<input type="checkbox"/> Fri: 1/21/05	Best Little Whorehouse in Texas	\$60	\$44	\$38	\$32	\$22	_____	\$_____
<input type="checkbox"/> Sat: 2/12/05	Michael Martin Murphey	\$55	\$39	\$33	\$27	\$17	_____	\$_____
<input type="checkbox"/> Sat: 2/26/05	Esteban	\$55	\$39	\$33	\$27	\$17	_____	\$_____
<input type="checkbox"/> Sat: 3/12/05	New Shanghai Circus	\$55	\$39	\$33	\$27	\$17	_____	\$_____
<input type="checkbox"/> Fri: 4/15/05	The Second City	\$55	\$39	\$33	\$27	\$17	_____	\$_____
<input type="checkbox"/> Sat: 5/7/05	Tangos	\$60	\$44	\$38	\$32	\$22	_____	\$_____
<input type="checkbox"/> Sat: 6/4/05	David Grisman Quintet	\$55	\$39	\$33	\$27	\$17	_____	\$_____

Note: If it is important to you, please specify where you would like to sit (center, left, right, closest to stage, etc.). If we are unable to fill your order as requested, we will contact you with an alternative.

Seating note:

Wheelchair Wheelchair Companion Seat (1)

Comments: _____

Note: Effective November 14th, 2004, our ticketing vendor, TicketsWest, changed the software used to print tickets. This change was accompanied by an increase in ticket prices, which was beyond the control of the Theatre and its Board of Directors. We apologize for any inconvenience this may create.

Notes: _____

Total Ticket Order \$_____

Plus Elsinore Membership +\$_____

Plus Handling Charges (total order) +\$ 3.00_____

TOTAL DUE: \$_____

Credit Card Type:

Visa; Mastercard; Discover; AmEx

Credit Card # _____

Expiration Date _____

Signature: _____