



PRODUCERS ASSOCIATES, INC. PRESENTS

010918

WOODMINSTER SUMMER MUSICALS

Oakland's Summer Theater Under The Stars

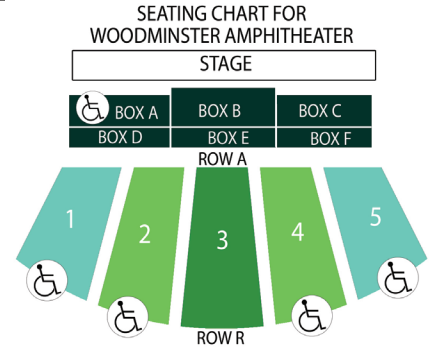
WOODMINSTER AMPHITHEATER, SANBORN DRIVE IN JOAQUIN MILLER PARK
 P.O. BOX 13008, OAKLAND, CA 94661 • 510-531-9597 (OR 510-339-0241 THROUGH MAY 31)
 FAX 510-339-0727 • HARRIET@WOODMINSTER.COM • WWW.WOODMINSTER.COM

2018 TICKET ORDER



		FRI	SAT	SUN	THU	FRI	SAT	SUN
Oklahoma!	JUL	6	7	8	12	13	14	15
JOSEPH ... dreamcoat	AUG	3	4	5	9	10	11	12
IN THE HEIGHTS	SEP	AUG 31	1	*2	*6	7	8	*9

*Performances 8 pm except September 2, 6, and 9, which are at 7 pm



Please fill out this form and mail or fax it back with payment. Thank you for your order!

No refunds. \$3 per ticket for exchanges or reprints (free for \$100+ donors). Tickets cannot be exchanged for a different show or season. Exchange requests must be received 2 hours before the original performance. Prices include a \$2.50 per ticket City of Oakland Facility Fee. If we cancel a performance for weather or other reasons, tickets will be honored for same value seats at a subsequent performance of the same show (or lower value seats if no same value seats are available). If we perform for 1 hour or more, it is considered a full performance and no credit will be given for a subsequent performance (this is an industry standard).

TICKET ORDER for Woodminster Summer Musicals 2018

NAME _____ PHONE _____

ADDRESS _____ CITY/ZIP _____

EMAIL _____

PERFORMANCE DATE _____ DAY OF WEEK _____

TICKETS

NOTES

SECTION	TYPE	PRICE	QUANTITY	TOTAL
Box	Adult	\$69	_____	_____
Box	Senior (62+)	\$67	_____	_____
Box	K75 (Kid 16-)	\$20	_____	_____
Section 3	Adult	\$54	_____	_____
Section 3	Senior (62+)	\$52	_____	_____
Section 3	K75 (Kid 16-)	\$16	_____	_____
Section 2 & 4	Adult	\$47	_____	_____
Section 2 & 4	Senior (62+)	\$45	_____	_____
Section 2 & 4	K75 (Kid 16-)	\$14	_____	_____
Section 1 & 5	Adult	\$32	_____	_____
Section 1 & 5	Senior (62+)	\$30	_____	_____
Section 1 & 5	K75 (Kid 16-)	\$10	_____	_____

PAYMENT TYPE (SELECT ONE)

Checks should be made out to **Producers Associates, Inc.** Credit Card (add \$3 & fill out payment section) _____
 Check (free) _____ 0

SHIPPING (SELECT ONE) Hold at Box Office (free) _____ 0

Theater mails to you (add \$1.50)* _____

*Orders including discounted kids' tickets will be held at the box office.

If you are using a credit card:

(circle one) MASTERCARD VISA AM-EXPRESS DISCOVER

Card Number _____

Expiration Date _____

Security Code _____

I authorize this charge to my credit card.

 (signature of person reserving tickets)

DONATION _____

TOTAL DUE _____