



# UNIVERSITY

## Student, Faculty & Staff Order Form



College/University Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Please include your e-mail address to receive updates and special offers.*

**At THE CLO CABARET**

655 Penn Avenue



**January 26–May 6**

**Wed-Sat @ 7:30pm • Sat & Sun @ 2pm**

**Select Thurs @ 1pm**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

# of Tickets: \_\_\_\_\_ x \$15 ea. = \_\_\_\_\_

Theater seating only.

**Ticket Information:** Please fill out this form completely. Individual show tickets will be held at the Box Office on the day of the performance, unless you provide a valid mailing address within 10 days of the performance. This is a FINAL SALE. Orders must be received 10 days prior to the performance date. 4 ticket maximum per show.

**PAYMENT INFORMATION:**

Check or Money Order # \_\_\_\_\_ Payable to Pittsburgh CLO. Please include the check with this form.

**GRAND TOTAL: \$** \_\_\_\_\_

Credit Card: (check one)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_