

UNIVERSITY ORDER FORM

AT THE CLO CABARET



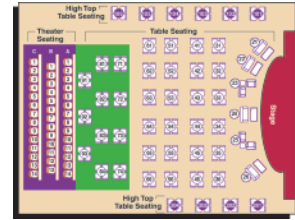
May 21-Sept 27
Wed-Sat @ 7:30pm • Sat & Sun @ 2pm
Select Thurs @ 1pm

Conceived and Directed by Rick Seebir

Desired Date: _____

Desired Time: _____

of Tickets @ \$14 _____ Total: \$ _____ (Theater Seating Only)



AT THE BENEDUM CENTER

Performances in italics offer best seating availability



- May 26 - 8pm
- May 27 - 8pm
- May 28 - 1pm
- May 28 - 8pm*
- May 29 - 8pm
- May 30 - 2pm
- May 30 - 8pm
- May 31 - 2pm

- June 2 - 8pm*
- June 3 - 8pm*
- June 4 - 8pm*
- June 5 - 8pm*
- June 6 - 2pm*
- June 6 - 8pm*
- June 7 - 2pm*



- June 9 - 8pm
- June 10 - 8pm
- June 11 - 8pm
- June 12 - 8pm
- June 14 - 7:30 pm*

of Tickets _____ x \$14 = _____

of Tickets _____ x \$27.50 = _____



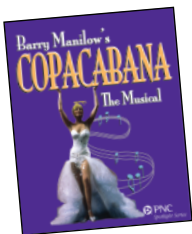
- June 20 - 2pm
- June 20 - 8pm
- June 21 - 2pm
- June 23 - 8pm
- June 24 - 8pm
- June 25 - 1pm*
- June 25 - 8pm
- June 26 - 8pm



- July 7 - 8pm
- July 8 - 8pm
- July 9 - 8pm
- July 10 - 8pm
- July 11 - 2pm
- July 11 - 8pm
- July 12 - 2pm
- July 12 - 7:30pm*
- July 14 - 8pm*
- July 15 - 8pm*
- July 16 - 8pm*
- July 17 - 8pm*
- July 18 - 2pm*
- July 18 - 8pm*
- July 19 - 2pm*

of Tickets _____ x \$14 = _____

of Tickets _____ x \$14 = _____



- July 21 - 8pm
- July 22 - 8pm
- July 23 - 1pm*
- July 23 - 8pm
- July 24 - 8pm
- July 25 - 2pm
- July 25 - 8pm
- July 26 - 2pm
- July 28 - 8pm*
- July 29 - 8pm*
- July 30 - 8pm*
- July 31 - 8pm*
- August 1 - 2pm*
- August 1 - 8pm*
- August 2 - 2pm*



- August 4 - 8pm
- August 5 - 8pm
- August 6 - 8pm
- August 7 - 8pm
- August 8 - 2pm
- August 8 - 8pm
- August 9 - 2pm
- August 9 - 7:30pm

of Tickets _____ x \$14 = _____

of Tickets _____ x \$14 = _____

Ticket Information:

Please fill out this form completely.

University Seating is in the 2nd Tier

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.

To confirm your tickets, you may call 412-456-6666.

Orders must be received 10 days prior to performance date.

This is a FINAL SALE.

4 ticket maximum per show

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.

PAYMENT INFORMATION:

Credit Card: (check one) American Express Discover MasterCard Visa

Card Number: _____ Exp. Date: _____

Signature: _____

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

Please Mail to: Group Sales • Pittsburgh CLO
719 Liberty Avenue • Pittsburgh, PA 15222

Please fax to: Group Sales 412-281-5339