

UNIVERSITY

Student, Faculty & Staff Order Form

College/University Name: _____

First Name: _____ Last Name: _____

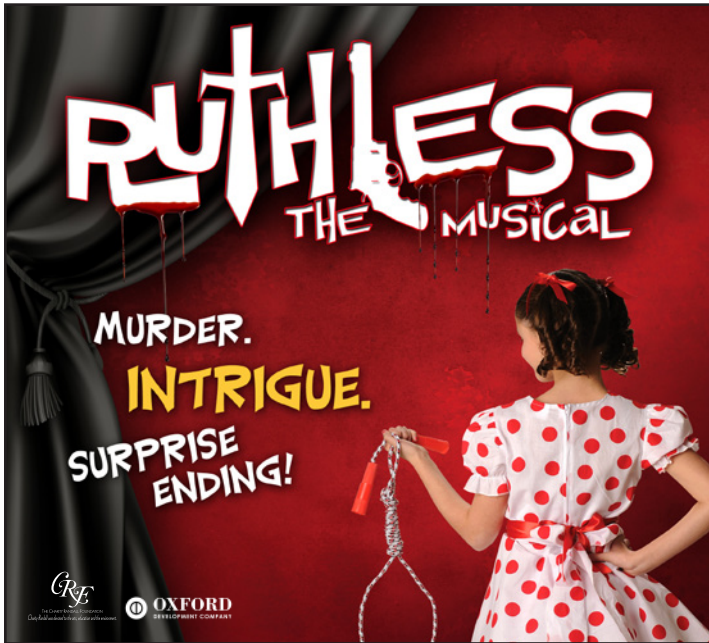
Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

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

At THE CLO CABARET

655 Penn Avenue



Now - May 6

Wed-Sat @ 7:30pm • Sat & Sun @ 2pm

Select Thurs @ 1pm

Date: _____

Time: _____

of Tickets: _____ x \$15 ea. = _____

Theater seating only.



September 6 - October 14

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.

Credit Card: (check one) ☐  ☐  ☐  ☐  ☐ 

Card Number: _____ Exp. Date: _____ Signature: _____

GRAND TOTAL: \$ _____