

# Performances to Grow On Ticket Order Form

## 2016-2017 Season

Series subscriptions offer you the best reserved seats at the best price! All children, regardless of age must have a ticket. You may purchase tickets by phone, (310) 890-1439, or online at [www.ptgo.org](http://www.ptgo.org).

### Individual Performances:

Please include all information to make sure we send you tickets to the correct show!

Name: \_\_\_\_\_ Adult Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date, Time: \_\_\_\_\_ Child Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Venue: \_\_\_\_\_

Name: \_\_\_\_\_ Adult Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_ Child Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Venue: \_\_\_\_\_

Name: \_\_\_\_\_ Adult Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_ Child Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Venue: \_\_\_\_\_

Name: \_\_\_\_\_ Adult Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_ Child Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Venue: \_\_\_\_\_

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 Venue: \_\_\_\_\_

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 Venue: \_\_\_\_\_

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 Date: \_\_\_\_\_ Child Price: \_\_\_\_\_ Qty: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Venue: \_\_\_\_\_



Send completed form to:  
 PTGO  
 P.O. Box 212  
 Ojai, CA 93024

Questions?  
 Contact Brian Bemel  
 (310) 890-1439, or e-mail  
[bbemel@sbcglobal.net](mailto:bbemel@sbcglobal.net)  
[www.ptgo.org](http://www.ptgo.org)

To buy more tickets, use  
 the back of this form or  
 attach your list. Include  
 the name of performance,  
 date, time, & price.

Ojai Storytelling Festival  
 ticket order form  
 available at  
[www.OjaiStoryFest.org](http://www.OjaiStoryFest.org)

Help us to continue enriching Ventura County through the performing arts. Your donation will benefit our schools and community. PTGO is a 501(c)(3) non-profit public benefit corporation and your contribution is tax deductible.

Donation Amount: \_\_\_\_\_

Ticket Subtotal: \_\_\_\_\_

Please add \$4 per order handling fee: \_\_\_\_\_

**Total Enclosed:** \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please add me to your mailing list Total amount enclosed \$ \_\_\_\_\_  Check  Visa  MC

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