



ROSEMARY CLAUSEN CENTER FOR PERFORMING ARTS 2017-18 ENTERTAINMENT SERIES

SEASON TICKET ORDER APPLICATION FOR NEW TICKET PURCHASE ONLY

Name:	
Address:	
City, State:	Zip:
Preferred Phone:	
Email:	

	QUANTITY	PRICE	TOTAL
Public Season Ticket Package(s)		\$155.00	
Postage & Handling			\$5.00
G-H Foundation Contribution (Optional)			
Total Payment enclosed			

CHECKS PAYABLE TO: ROSEMARY CLAUSEN CENTER

MAIL TO:

ROSEMARY CLAUSEN CENTER
PO BOX 524
HOLSTEIN, IA 51025

www.rosemaryclausencenter.com
712-368-4849 THANK YOU!



WWW.ROSEMARYCLAUSENCENTER.COM

Method of payment		
<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Card Number:		
Expiration Date (MONTH/YEAR):		
CVV Code (Three digit number on back of card)		
Signature:		
<i>(All credit card orders must be signed)</i>		