



TICKET ORDER FORM

Date _____

Check here if you are a current Season Subscriber.

Mr./Mrs./Ms. _____

Address _____

City _____ State _____ Zip Code _____

Phone No. (Day) _____ (Eve) _____ E-mail _____

SHOW NAME _____ NUMBER OF TICKETS/SEATS _____

Date of Performance:

1st Choice _____

2nd Choice _____

3rd Choice _____

I would like seats in:

- DHC \$42 per ticket (limited seating available)
- Section A \$32 per ticket
- Section B \$22 per ticket
- Section C \$12 per ticket

Please indicate if any DISCOUNTS apply (section A and B only):

- ___ Children under 18
- ___ Full-time Students
- ___ Active Duty Military (no dependents)
- ___ Persons 62 and older

ORDER: Number of tickets _____ in Section _____ at \$ _____ each = \$ _____

Processing Fee = \$ 2.00

I want to be a DHT member. Here is my donation. = \$ _____

TOTAL = \$ _____

METHOD OF PAYMENT:

Enclosed is my check payable to Diamond Head Theatre for \$ _____ .

Please charge \$ _____ to my credit card.

Visa MasterCard Discover American Express

Card # _____ Expiration Date _____

Name printed on card _____

Signature _____

Please **SEND** completed form with payment to: Diamond Head Theatre
Attn: Box Office
520 Makapuu Avenue
Honolulu, HI 96816

Or by **FAX completed form to:** (808) 735-1250

You will be given the best seats available on the date(s) requested. The Box Office will call or e-mail you within two (2) business days of request receipt to confirm your reservation. Tickets are not mailed. All tickets are held at the Box Office will call under the person's name as listed on the form. You MUST show an ID in order to pick up your tickets.