

**PROVIDENCE PERFORMING ARTS CENTER
2018-2019 BROADWAY SERIES
5 SHOW PACKAGE**

**CATS, CHARLIE AND THE CHOCOLATE FACTORY,
SCHOOL OF ROCK, WAITRESS THE MUSICAL, and THE BAND'S VISIT**

Series: A: Friday 7:30pm
 B: Saturday 8pm F: Tuesday 7pm
 C: Saturday 2pm G: Wednesday 7pm
 D: Sunday 1pm H: Thursday 7:30pm
 E: Sunday 6:30pm

G/C	F - Tue Eve	G - Wed Eve	H - Thu Eve	A - Fri Eve	C - Sat Mat	B - Sat Eve	D - Sun Mat	E - Sun Eve	Senior/ Student Wed	Senior/ Student Thu	Senior/ Student Sat Mat	Senior/ Student Sun Mat/Eve
	MID ORCH	N/A	N/A	\$ 300.25	\$ 300.25	\$ 300.25	\$ 300.25	\$ 300.25	\$ 300.25			
REAR ORCH	N/A	\$ 300.25	\$ 300.25	\$ 300.25	\$ 300.25	\$ 300.25	\$ 300.25	\$ 300.25	N/A	N/A	N/A	N/A
SIDE ORCH	N/A	\$ 248.25	\$ 248.25	\$ 248.25	\$ 248.25	\$ 248.25	\$ 248.25	\$ 248.25	N/A	N/A	N/A	N/A
FDC	N/A	N/A	\$ 248.25	\$ 248.25	\$ 248.25	\$ 248.25	\$ 248.25	N/A	N/A	N/A	N/A	N/A
SDC	N/A	\$ 65.00	\$ 65.00	\$ 65.00	\$ 65.00	\$ 65.00	\$ 65.00	\$ 65.00				

of Seats _____

Option #1: Series: _____ Section: _____ COST PER SUB: _____

Option #2: Series: _____ Section: _____ TOTAL CHARGE: _____

Best Available
Center section ACAP
Anywhere ACAP
Aisle necessary
Aisle if possible

Section	Check Mark

\$25 per sub
HANDLING FEE: _____

TOTAL AMOUNT DUE: _____

Opt Out: _____

Select Acct. _____ Date of Order: _____ Operator: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Credit Card: _____

Exp. _____ Sec. Code. _____

Full Pay : _____ Two Pay: _____

PPAC Gift Card: _____ Pin: _____

Email address: _____

Comments: _____

Extra Ticket Order on File: Yes _____ No _____