



2025 TICKET ORDER FORM

2025 SHOW TICKETS			
SHOW	DATE	TICKET QTY. & TYPE	TOTAL
Frozen		Adult: _____ Orchestra (\$68) _____ Premium (\$58) _____ Value (\$48)	
		Child: _____ Orchestra (\$58) _____ Premium (\$48) _____ Value (\$38)	
Guys and Dolls		Adult: _____ Orchestra (\$68) _____ Premium (\$58) _____ Value (\$48)	
		Child: _____ Orchestra (\$58) _____ Premium (\$48) _____ Value (\$38)	
Footloose		Adult: _____ Orchestra (\$68) _____ Premium (\$58) _____ Value (\$48)	
		Child: _____ Orchestra (\$58) _____ Premium (\$48) _____ Value (\$38)	
Nunsense		Adult: _____ Orchestra (\$68) _____ Premium (\$58) _____ Value (\$48)	
		Child: _____ Orchestra (\$58) _____ Premium (\$48) _____ Value (\$38)	
<input type="checkbox"/> I purchased three or more different shows. Make me a subscriber!			<i>5% Subscriber Savings subtract this amount below</i>

SPECIAL EVENTS			
SHOW	DATE	TICKET QTY. & TYPE	TOTAL
RMRT Cabaret	07/26	_____ All Seats (\$200) <i>Adults 21+ Only</i>	
Home for the Holidays	12/13	_____ Orchestra (\$48) _____ Premium (\$38) _____ Value (\$28)	
Home for the Holidays	12/14	_____ Orchestra (\$48) _____ Premium (\$38) _____ Value (\$28)	
New Year's Eve	12/31	_____ Orchestra (\$53) _____ Premium (\$43) _____ Value (\$33)	

EVERY DOLLAR COUNTS

Please consider supporting your favorite summer theatre company! We appreciate every donation that comes in. Remember, RMRT is a 501(c)(3) non-profit, so every gift is tax-deductible. Thank you for supporting the Rep!

Give Online:

RockyMountainRep.com or ColoradoGives.org

Text:

GiveRMRT to 44-321

TOTAL

Show Ticket Total	\$ _____
<i>Subtract 5% Subscriber Savings before 5/16</i>	<i>-\$ _____</i>
Special Events Total	\$ _____
Facilities Fee (# of tickets ordered X \$3)	\$ _____
Credit Card Fee* (# of tickets ordered X \$3)	\$ _____
<i>* processing fee if paying by credit card</i>	
General Operating Fund Donation	\$ _____
Raise the Roof Donation	\$ _____
Total	\$ _____

I am a 2024 subscriber. Please reserve my tickets early!

PAYMENT

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

My check is enclosed

Charge my order to: Visa MasterCard Discover

Card #: _____

Exp. Date: ____/____/____ Security Code: _____

Signature: _____

Required for Credit Card Purchases

SEATING PREFERENCE

Don't forget to check our seating chart and select your seat for the season. We will try to accommodate your first choice but just in case, provide us with three others. Please call for accessible seating options.

#1 _____ #2 _____ #3 _____ #4 _____

PLEASE MAIL TICKET ORDER FORMS TO:

RMRT
PO Box 1682
Grand Lake, CO 80447

