



2021 PATRON PEW & TICKET ORDER FORM

Business Name _____ Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

SELECT WHICH PERFORMANCE YOU WOULD LIKE TO ATTEND

____ Thursday, December 16th (7:30 pm) ____ Saturday, December 18th (1:00 pm) ____ Sunday, December 19th (2:00 pm)

____ Friday, December 17th (7:30 pm) ____ Saturday, December 18th (7:30 pm) ____ Sunday, December 19th (7:30 pm)

I will need Limited Mobility Seating

TICKET PURCHASE OPTIONS

____ **I would like to order a Patron Pew for \$1,850 (seats 10 people)** \$ _____

Included with a Patron Pew purchase is front area seating for up to 10, invitation to the Patron reception following the Thursday, Friday and Saturday evening performances, listing of name and a 1/4 page greeting in the show program.

Number of tickets requested _____ (Patron Pew includes up to 10 tickets)

Name as you would like it to appear in the program _____

With a Patron Pew sponsorship you receive a 2.625" x 3.75" promotional greeting in the performance program:

____ I will create my own greeting (.pdf format)

____ I would like a new greeting, please contact me

____ Use the same promotion as recent past (if applicable)

____ No greeting in the program needed

____ **I would like to order _____ individual Patron tickets for \$150/each** \$ _____

____ **I would like to order _____ individual General Admission tickets for \$40/each** \$ _____

____ **I am unable to attend this year's concert but would like to donate** \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT INFORMATION

Please Invoice Me

Pay by Check | Check # _____ Payable to CCFESD

Pay by Credit Card

Credit Card # _____ Exp. Date _____ CVC _____

Please note if paying by credit card, an additional 3% processing fee will be applied to your purchase.

PLEASE RETURN FORM TO
CCFESD

523 North Duluth Avenue
Sioux Falls, SD 57104

- OR -

scan & email to events@ccfesd.org

PLEASE SEND
PROGRAM GREETINGS TO

ELLEN KEENA
ekeena@ccfesd.org
605-988-3735

FOR MORE INFORMATION

visit ccfesd.org or
call 605-988-3765

OFFICE USE TB _____ RE _____ CC _____ Date Mailed _____ Ticket #s _____