

**Please mail the completed form to:
Chandler Center for the Arts
71-73 Main Street
Randolph, VT 05060**

Name:

Street/PO Box:

Town, State, Zip:

Organization (if applicable):

E-mail:

Phone:

Performance:

Preferred time (if applicable):

Seating preference (balcony, floor, aisle, etc.) :

Number of Adult tickets:

Number of Student tickets:

Is wheelchair seating needed?

Preferred form of payment:

_____ Mail check

_____ Drop check on day of performance

_____ Call in credit card number