

FAX

to 626.628.0385

(with a copy of your Flex Passes torn in half)

EMAIL

to boxoffice@PasadenaPlayhouse.org

(with a scan of your Flex Passes torn in half)

MAIL

to 39 S. El Molino Ave., Pasadena, CA 91101

(with your Flex Passes enclosed)

your information

Name: _____

Phone: _____

Email: _____

performance request

1.

1ST CHOICE

Show Title: _____

Date: _____ Time: _____

Seating Preference (choose one): ORCHESTRA MEZZANINE

2.

2ND CHOICE

Show Title: _____

Date: _____ Time: _____

Seating Preference (choose one): ORCHESTRA MEZZANINE

3.

3RD CHOICE

Show Title: _____

Date: _____ Time: _____

Seating Preference (choose one): ORCHESTRA MEZZANINE

Once your Flex Passes are redeemed, your tickets will be placed at Will Call under your name to pick up the day of the show. You will be contacted to confirm your tickets. If you have any further questions, please contact the Box Office at 626.356.7529.