

Surrendered Ticket Form

Boston Theatre Scene Box Office
617 933-8600

PLEASE ATTACH TICKETS

Please fill out as much information as possible
and return this form and tickets to a member of the Box Office staff.

ID: _____ Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

TITLE: _____ SEAT LOCATION: _____

DATE: _____ TIME: _____ TOTAL COST: _____

You will be contacted within the next 24 business hours. Thank you for your patience.

FOR INTERNAL USE ONLY			
Today's Date: _____	Initials: _____	Date Processed: _____	Initials: _____

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