

**PORT HURON TOWN HALL SERIES 2025 SEASON**

Office Use Only  
Date Received: \_\_\_\_\_

Ticket Order Form - Please Print  
**Only 1 name/seat per form**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/ Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
*Tickets will be mailed before Labor Day to the above address and are **non refundable**, transferable only.*

PLEASE CHECK ONE	PLEASE INDICATE PRESENT SEAT (OR ATTACH STUB)		
<input type="checkbox"/> Exact Seat Renewal (Through February 1, 2025) <input type="checkbox"/> Season Ticket Renewal with Request for Best Available <input type="checkbox"/> New Members (After Renewals are Filled)  <i>Please be advised that if you do not buy a <b>Special Needs</b> seat on the Main Floor you will not be able to sit in the Special Needs section.</i>  <b>Contact McMorran for these seats.</b>	CHECK ONE IN EACH COLUMN		
	LOCATION	ROW	SEAT
	Main Floor	Center Stage	
	Mezzanine	Right Center	
	Balcony	Left Center	
		Right Section	
		Left Section	

Ticket Pricing (Please circle your choice)	Fill in Amount
Main Floor or Mezzanine Seating.....\$135.00 = _____	Please note: If you do not currently have luncheon tickets and are requesting them we will do our best to accommodate you however, they are not guaranteed and that portion of your purchase will be refunded
Main Floor or Mezzanine with Luncheon Ticket*.....\$285.00 = _____	
Balcony Seating.....\$120.00 = _____	
Balcony + Luncheon Ticket*.....\$270.00 = _____	
McMorran: Ticket Processing Fee \$5.00 = <b>\$5.00</b>	
(US FUNDS) <b>Total</b> = _____	

**Please make checks payable to: City of Port Huron  
NO REFUNDS**

**\*Exception: the cost of the luncheon portion will be refunded if a luncheon ticket is unavailable**

**A 4% credit card transaction fee will be passed on to the purchaser**

American Express \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVV CODE \_\_\_\_\_ Card Holder Name (Print): \_\_\_\_\_  
**Authorized Signature:** \_\_\_\_\_  
 CANADIAN MEMBERS: If paying by check, please note US funds on checks

Keep the yellow copy for your records and return the white copy **with payment** to:  
 McMorran Place Box Office, 701 McMorran Boulevard, Port Huron, MI 48060, 810-985-6166

***Tickets will be mailed to you prior to labor day.***

*\*Dates, times, and program speakers are subject to change*

visit us at: [www.PortHuronTownHall.com](http://www.PortHuronTownHall.com) for more information  
[porthurontownhall@gmail.com](mailto:porthurontownhall@gmail.com)