

TICKET ORDER FORM

PROCEEDS BENEFIT THE MOTHER CABRINI CHILDREN'S HOSPITAL FOR SPECIAL NEEDS

Name/Title
Company (if applicable)
Address
City/State/Zip
Telephone
Email
OR ONLINE RESVERATIONS, PLEASE VISIT WWW.ARCHCARE.ORG/MENUDO.
TICKET TYPE CHECK ONE:VIPGENERAL
Preferred Seat #:
O Please accept my reservation as noted: payment will follow. Deadline for payment is Oct. 1st.
Enclosed is my check for \$ made payable to Catholic Health Care Foundation with Menudo Benefit Concert noted in the memo.

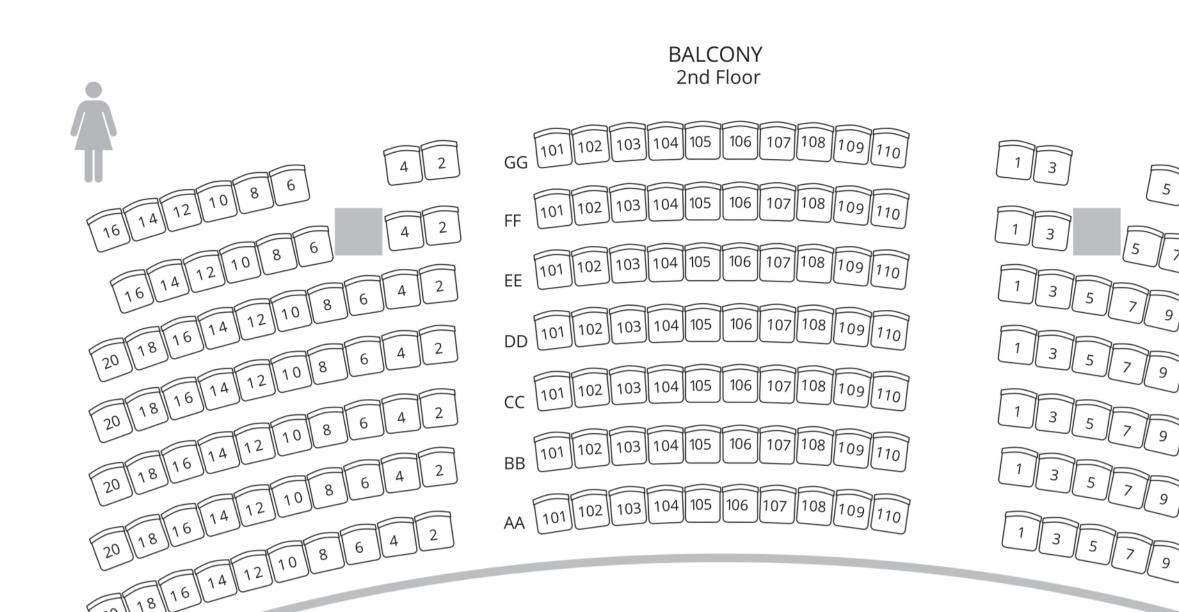
PLEASE EMAIL THIS FORM TO:

Carlos Diaz at cdiaz@archcare.org or Barbara Munoz at bmunoz@archcare.org

For more information, contact us at info@archcare.org.

Reservation forms may be mailed to: ArchCare Menudo Benefit Concert, 205 Lexington Ave., New York, NY 10016 or emailed to: info@archcare.org. Contributions are fully tax-deductible to the extent allowed by law. Contributions will directly benefit the Specialty Hospital at Terence Cardinal Cooke (Mother Cabrini Hospital). Catholic Health Care Foundation of the Archdiocese of New York is a 501(c)(3) charity. Tax ID #13-4054158.

EL BARRIO DE MUSEO THEATER SEATING TICKET PRICING STRUCTURE



BALCONY ROWS CC TO GG \$40.00

BALCONY ROWS AA TO BB \$100.00

ORCHESTRA LEVEL 1st Floor

ORCHESTRA CENTER ROWS J TO P \$100.00

P 101 102 103 104 105 106 107 108 109 110 111 112 113

N 101 102 103 104 105 106 107 108 109 110 111 112

M 101 102 103 104 105 106 107 108 109 110 111 112 113

L 101 102 103 104 105 106 107 108 109 110 111 112 113

K 101 102 103 104 105 106 107 108 109 110 111 112 113

H 101 102 103 104 105 106 107 108 109 110 111 112 113

SOLD OUTN

1 3 5 7 9 11 13 15 M

1 3 5 7 9 11 13 15 K

1 3 5 7 9 11 13 15 K

1 3 5 7 9 11 13 15 K

ORCHESTRA RIGHT ROWS J TO P \$50.00

102 103 104 105 106 107 108 109 102 103 104 105 106 107 108 1

B 101 102 103 104 105 106 107 108 10

VIP ORCHESTRA CENTER ROWS B TO H \$175.00 VIP ORCHESTRA RIGHT ROWS B TO H \$175.00