



Theatre Boot Camp
Summer, 2009



TICKET ORDER FORM

Name: _____

Name of Camper: _____

DATE	MATINEE	Total # TICKETS	X \$8 PER TICKET	TOTAL
Fri., July 31	1:00 pm			
Fri., July 31	7:30 pm			
Sat., Aug. 1	7:30 pm			
XXXXXX	XXXXXX			

Paid by:

_____ cash

_____ check

_____ credit card

(Master Card or VISA only: make sure all information is filled out for this)

Name on Credit Card: _____

Address (street, city, state, and zip) _____

Phone #: _____