

Order Blank

(Please fill in both sides)

Name _____

Address (winter) _____

City _____ State _____ Zip _____

Phone _____
 (winter) (summer)

Email _____

1. Tax Deductible Donation

2. **Plan A** _____ @ \$ _____ = _____
 (9-12 shows)

3. **Plan B** _____ @ \$ _____ = _____
 (6-8 shows)

4. **Plan C** _____ @ \$ _____ = _____
 (3-5 shows)

5. **Single Shows**
 (Adult - matinee or evenings) _____ @ \$ _____ = _____
 (Child - 12 and under) _____ @ \$ _____ = _____

6. **Gift Certificates** _____ @ \$ _____ = _____

7. **FlexPass** (10 tickets) _____ @ \$ _____ = _____

8. **Catch a Rising Star** _____ @ \$ _____ = _____

9. **Children's Theatre** _____ @ \$ _____ = _____

10. **Mailing & Handling** _____ 3.00

Mail my tickets **Total** _____

My check is enclosed Please charge my card

Visa Mastercard Discover

Account Number _____

Expiration Date _____

Cardholder Name _____

Thank you for your order and support!

Seat Preference

1st Choice _____
 2nd Choice _____
 3rd Choice _____

All efforts will be made to satisfy your selection.

Return to:

Surflight Theatre
 PO Box 1155
 Beach Haven, NJ 08008
 or call: 609-492-9477 or Fax: 609-492-0047
www.surflight.org

Stars and performances subject to change.

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