

Missouri Street Theatre

1125 Missouri St., Fairfield CA

School Matinee Registration Form

Seats assigned on a first come basis

SHOW_ **OLIVER!**

DATE_ **MAY 28TH**

TIME_ **10 am** _____ **12:30 pm**

SCHOOL_ _____ -GRADE_ _____

TEACHER_ _____ Contact Person_ _____

Contact phone # _____ email_ _____

TOTAL # OF STUDENTS _____

OF PAID Tickets @ \$5.00 each _____

OF FREE Tickets _____ (1 ticket for every 10 paid tickets)

\$25.00 DEPOSIT REQUIRED TO HOLD RESERVATION (nonrefundable after May 1st)

TOTAL DUE _____

Check _____ Cash _____ Charge _____ Visa _____ MasterCard _____

Name on Card _____

_____ - _____ - _____

Expires _____ 3-digit code Billing _____

Address _____ City _____ Zip _____

Phone# _____ E-Mail _____

Please Mail to: Missouri Street Theatre PO Box 207 Suisun CA 94585

Box Office 707-422-1598 Fax 707-429-0168 or Contact Pam @ 494-3264

missouri_street_theatre@yahoo.com

www.missouristreettheatre.com

Full payment must be received three weeks before show