



KALEIDOSCOPE THEATRE PRODUCTIONS

2008-2009 Season Ticket Order Form



Part 1: Your Information

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Email: _____

Part 2: Your Tickets

Adult Season Tickets: _____ X \$40 = _____

Students/Senior Citizen Season Tickets: _____ X \$30 = _____

Total Due: _____

Part 3: Payment Information

Pay by Check

Please make checks payable to **KALEIDOSCOPE THEATRE PRODUCTIONS**

Pay by Credit Card

Card Type (circle one):

American Express

Discover

MasterCard

Visa

Name on Card: _____

Card Number: _____ Expiration Date: _____

Part 4: Select Your Dates (if you're not sure, feel free to leave this section blank)

*Something
to Hide*

September 12, 13, 19, 20, 26, 27

Preferred date and time: _____

*Searching for Eden
The Diaries of Adam & Eve*

January 30, 31

February 6, 7, 13, 14

Preferred date and time: _____

Polish Joke

June 12, 13, 19, 20, 26, 27

Preferred date and time: _____

Signature

Date

Please send completed form with payment to:

KALEIDOSCOPE THEATRE PRODUCTIONS

P.O. Box 452

Williamsville, New York 14231

Thank you for supporting Kaleidoscope Theatre Productions!