

CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ E-mail: _____

PACKAGE SELECTION	NO. OF TIX	SUBTOTAL
<input type="checkbox"/> 3 Production Package (Pick 3 productions)	_____ X \$66.00 =	\$ _____
<input type="checkbox"/> 4 Production Package (Pick 4 productions)	_____ X \$88.00 =	\$ _____
<input type="checkbox"/> 5 Production Package (Pick 5 productions)	_____ X \$110.00 =	\$ _____
<input type="checkbox"/> 6 Production Package (All 6 productions!)	_____ X \$132.00 =	\$ _____

Be Part of Something Extraordinary!

I would like to make a tax-deductible contribution.

\$ _____

TOTAL

\$ _____

SELECT YOUR PERFORMANCES

DATE

TIME

<input type="checkbox"/> Duck for President (Pre-K and older)	_____	_____
<input type="checkbox"/> Sleeping Beauty: The Musical (K and older)	_____	_____
<input type="checkbox"/> The Lightning Thief: (5th Grade and older)	_____	_____
<input type="checkbox"/> The Wind in the Willows (K and older)	_____	_____
<input type="checkbox"/> Diary of a Wimpy Kid (2 nd Grade and older)	_____	_____
<input type="checkbox"/> How I Became a Pirate (Pre-K and older)	_____	_____

SEATING PREFERENCE: *(Seating is assigned in order of receipt.)*

- BEST SEATS Available
 FRONT ROW *(If no longer available, you will be assigned the closest seats possible.)*
 BEST SEATS Available (NOT FRONT ROW)
 I require ACCESSIBLE Seating: Wheelchair Access or No Stairs

Additional Details: _____

(Friends to be seated with, prefer aisle seating, prefer South Section, etc.)

PAYMENT METHODS

Charge with a credit card by visiting www.MainStreetTheater.com

Scan and e-mail to BoxOffice@MainStreetTheater.com

By Mail to: Main Street Theater, 3400 Main St., Suite 283, Houston, TX 77002

Charge my credit card Enclosed is my check made payable to Main Street Theater. Ck#: _____

Credit Card Number

Exp. Date

CVN#

