

Ticket Order Form for
FEAST OF FOOLS THEATRE's presentation of
“You're A Good Man, Charlie Brown”

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TEL. NO: _____

In order to secure your tickets, payment must accompany this form. Please make cheques payable to: FEAST OF FOOLS THEATRE.

If mailing form (and cheque), address to: Feast of Fools Theatre, 250 Scarlett Road, Suite 1913, Toronto, ON. M6N 4X5. **If you would like your tickets mailed to you, enclose a STAMPED, self addressed envelope.**

If paying by VISA, either email this form to info@feastoffoolstheatre.com or fax it to us at 416-231-1373

For more information call us at 416-231-3131.

PLEASE CIRCLE PREFERRED SHOW DATE:

FRI. MAY 9 8PM	SAT. MAY 10 8PM	SUN. MAY 11 2PM <i>Mother's Day</i>
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_____ Student tickets (*up to 16 yrs*) @ **\$18** = \$ _____

_____ Adult tickets (*17 yrs & older*) @ **\$24** = \$ _____

_____ Senior tickets @ **\$18** = \$ _____

TOTAL: \$ _____

_____ Please hold my tickets at the door for pick up on show date

_____ Please mail my tickets to me. (**2 week notice MINIMUM**)
(Remember to enclose a self-addressed, stamped envelope)

IF PAYING BY VISA, PLEASE FILL OUT THE FOLLOWING:

VISA CARD # _____

EXPIRY DATE: _____

NAME ON CARD: _____

SIGNATURE: **x** _____

**** By signing here, I authorize Feast of Fools Theatre to charge my VISA for amount showing as TOTAL ****

FOR OFFICE USE ONLY	CASH	Date of payment	Date of deposit	Ticket status
	CHEQUE			
	VISA	Initials:	Initials:	Initials: