

Ticket Order Form for
FEAST OF FOOLS THEATRE's presentation of
"SNOW WHITE AND THE 7 DWARFS"

NAME: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ TEL. NO: _____

Please indicate 1st & 2nd choice	2:00 pm	8:00 pm
FRIDAY, DEC. 11		
SATURDAY, DEC. 12		
SUNDAY, DEC. 13		

_____ Children's tickets (10 yrs & under) @ \$11 = \$ _____

_____ Student tickets (11 yrs to 16 yrs) @ \$14 = \$ _____

_____ Adult tickets (17 yrs & older) @ \$18 = \$ _____

_____ Senior's tickets @ \$14 = \$ _____

_____ **Combo Pack** (2 Adults & 2 Children) @ \$50 = \$ _____

TOTAL: \$ _____

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

_____ Please mail my tickets to me.
(Remember to enclose a self-addressed, stamped envelope)

In order to secure your tickets, payment must accompany this form. Please make cheque payable to: FEAST OF FOOLS THEATRE. Please mail form and cheque to: Feast of Fools Theatre, 250 Scarlett Road, Suite 1913, Toronto, ON. M6N 4X5. If you would like your tickets mailed to you, please enclose a STAMPED, self addressed envelope.

WE ALSO ACCEPT VISA AS PAYMENT!

If you wish to pay for your tickets with your Visa card please fill out the following:

Visa Card # _____

Expiry Date: _____ Name as it appears on the card: _____

Signature: **X** _____

By signing above, I hereby authorize FEAST OF FOOLS THEATRE to charge my account for the amount indicated as "TOTAL".
