



Oliver! Ticket Order Form

Name: _____
Address: _____
City, State, Zipcode _____
Home Phone: _____
Email Address: _____

Performance Dates; please select one:

- | | |
|--|--|
| <input type="checkbox"/> Friday, March 16, 2011 at 7:30 p.m. | <input type="checkbox"/> Friday, March 23, 2011 at 7:30 p.m. |
| <input type="checkbox"/> Saturday, March 17, 2011 at 7:30 p.m. | <input type="checkbox"/> Saturday, March 24, 2011 at 2 p.m. |
| <input type="checkbox"/> Sunday, March 18, 2011 at 2 p.m. | <input type="checkbox"/> Sunday, March 25, 2011 at 2 p.m. |

Tickets; please indicate seating preference and the number of each type of ticket:

All seats are reserved. Please indicate your preference or "Best Available". We will make every effort to accommodate your request.

Seating Preference:

of Adult ticket(s); \$25 # of Student/Senior ticket(s); \$22

Please help keep us in Show Business with a tax deductible gift!

In addition to my ticket order, enclosed is a contribution to help support the great work of the Wellesley Players.

- | | |
|--|---|
| <input type="checkbox"/> You may print my name in the program as recognition for this generous gift. | |
| <input type="checkbox"/> Friend \$100 | <input type="checkbox"/> Sponsor \$250 |
| <input type="checkbox"/> Patron \$500 | <input type="checkbox"/> Benefactor \$1,000 |
| <input type="checkbox"/> Other \$ _____ | |

Grand Total (ticket order and tax deductible gift):

\$ Enter Grand Total here

Please make check payable to **The Wellesley Players** and mail with a self addressed stamped envelope (SASE) to:

The Wellesley Players
C/O B. Tarlin
40 Seaver Street, #1
Wellesley, MA 02481

Tickets orders without a SASE or that are received 10 days before performance will be held at the box office. The Box office opens 1/2 hour prior to the start of the show.