

HAIRSPRAY

All performances are at the Lincoln Cultural Center

1) Name: _____

2) Address: _____

City: _____ State: _____ Zip: _____

3) Phone: _____

4) Email: _____

5) **Performance Choice (circle only one date):**

Saturday, April 28, 2012 at 7 p.m.

Sunday, April 29, 2012 at 2 p.m.

Friday, May 4, 2012 at 7 p.m.

Saturday, May 5, 2012 at 7 p.m.

Sunday, May 6, 2012 at 2 p.m.

6) **Tickets Needed** (Senior is 65 and older/ Youth is 3 to 18)

Children under the age of 3 are not permitted at performances

_____ # of Flex Passes you are using (be sure to attach them to the order)

_____ Adult x \$15 = \$ _____

_____ Senior x \$12 = \$ _____

_____ Youth x \$12 = \$ _____

_____ **Total # Tickets ordered**

Total Due: \$ _____

7) **Payment Method** (circle one): Credit Card / Personal Check

Credit card type: Visa Master Card Discover

_____ - _____ - _____ - _____ Expiration date: ____/____

Signature: _____

Mail completed form and full payment to: **KVTA, PO Box 744, Kankakee, IL 60901**

- If you want your tickets returned to you, please enclose a self addressed, stamped envelope otherwise tickets will be held at Will Call.
- **Tickets will be held up to 15 minutes before performance time, if not picked up by then they will be released to the general public.**