

NIGHT at the WAX MUSEUM

All performances are at Lincoln Cultural Center

1) Name: _____

2) Address: _____

City: _____ State: _____ Zip: _____

3) Phone: _____

4) Email: _____

5) Performance Choice (circle only one):

Saturday, March 31, 2012 at 7:00 p.m.

Sunday, April 1, 2012 at 2 p.m.

6) # of Tickets Needed (All tickets are \$10 each regardless of age)

PLEASE NOTE: ** No children under the age of three are permitted at performances

_____ # of Flex Pass vouchers you are using (make sure to attach them)

_____ # of tickets purchasing at \$10 each = \$_____

Total tickets ordered: _____ TOTAL AMOUNT 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**

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