

SEUSSICAL JR.

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 27, 2010 at 7:00 p.m.

Sunday, March 28, 2010 at 2:00 p.m.

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

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

_____ X \$10.00 = **TOTAL DUE:** \$ _____

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

Credit card type: Visa Master Card Discover

_____ - _____ - _____ - _____

Expiration date: ____ / ____

Signature: _____

Mail form and 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.