

THE WIZARD OF OZ

All performances are at the Lincoln Cultural Center

1) **Name:** _____

2) **Address:** _____

3) **Phone:** _____

4.) **Email:** _____

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

Saturday, October 16, 2010 at 7 p.m.

Sunday, October 17, 2010 at 2 p.m.

Friday, October 22, 2010 at 7 p.m.

Saturday, October 23, 2010 at 7 p.m.

Sunday, October 24, 2010 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

_____ 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.