

CHILDREN'S THEATER OF SAN FRANCISCO TICKET FORM 2009

Name: _____

Address: _____

Phone: _____

Email: _____

Is this a birthday celebration? Yes _____ No _____

Child's Name _____

Indicate how many tickets you wish for each performance.

January 10, 2009	10:30A.M.# _____	1:00P.M.# _____
January 17, 2009	10:30A.M.# _____	1:00P.M.# _____
January 24, 2009	10:30A.M.# _____	1:00P.M.# _____
January 31, 2009	10:30A.M.# _____	1:00P.M.# _____
February 7, 2009	10:30A.M.# _____	1:00 P.M.# _____
February 14, 2009	10:30A.M.# _____	1:00P.M.# _____

Preference	Date	Time
Preference 1		
Preference 2		

Regular (Adult/Child) Tickets: \$13.80 each*

Fine Arts Museum Member Tickets: \$11.80 each*
 Membership # _____

*prices include \$1.80 processing fee per ticket

of regular tickets _____ x \$ 13.80 = \$ _____

--OR--

of member tickets _____ x \$ 11.80 = \$ _____

SUBTOTAL \$ _____

Shipping and Handling fee per order + \$ 1.50 = \$ _____

TOTAL \$ _____

Mail your check with this form to: CTA, P.O Box 29006, San Francisco, CA 94129-0006.

Questions? Phone our information/message line at 415-248-2677.