

CHILDREN'S THEATRE OF SAN FRANCISCO

2012 TICKET FORM

Name: _____

Address: _____

Phone: _____

Email: _____

Is this a birthday celebration? Yes _____ No _____

If "Yes", birthday child's name: _____

Please indicate how many tickets you wish for each performance.

January 7, 2012	10:30am # _____	1:00pm # _____
January 14, 2012	10:30am # _____	1:00pm # _____
January 21, 2012	10:30am # _____	1:00pm # _____
January 28, 2012	10:30am # _____	1:00pm # _____
February 4, 2012	10:30am # _____	1:00pm # _____
February 11, 2012	10:30am # _____	1:00pm # _____

	Date	Time
Show Preference 1		
Show Preference 2		

Regular (Adult/Child) Tickets: \$13.80 each (includes \$1.80 processing fee per ticket)

Fine Arts Museum Member Tickets: \$11.80 each (includes \$1.80 processing fee per ticket)
 Membership # _____

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.