

Seven Angels Theatre HALO AWARDS

Tuesday May 30, 2017 at 6 p.m.
(Doors open at 5:30 for Will Call)

PARENT AND GUEST ORDER FORM

Please return this form with payment by May 20th to

Seven Angels Theatre- Box Office

P O Box 3358 Waterbury, CT 06705

Or call (203) 757-4676 - Tax ID #06-1303263

**ANY TICKETS PURCHASED AT THE DOOR THE NIGHT OF THE PERFORMANCE WILL BE \$22.00
EACH PLUS PROCESSING FEE IF PAID BY CREDIT OR DEBIT CARD**

Name : _____ School Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Email: _____

* After May 20th, additional tickets may be purchased by calling Seven Angels at 203-757-4676.

* Tickets cannot be held without payment.

* Visa, Mastercard and American Express or check accepted.
\$3.00 per ticket processing fee if paying by credit card.

* No refunds or exchanges.

*We will try our best, but cannot guarantee seating with other parents from your child's school

Total Number of tickets needed # _____ X \$20 = _____

Total Payment (**with processing fee, if applicable**) = _____

Check here if a check, payable to Seven Angels Theatre, is included _____

OR fill out credit card information below:

VISA _____, MC, _____, AMEX _____

Card # _____ Exp. Date: _____

Name: _____ Address: _____ City: _____ Zip: _____