

Seven Angels Theatre HALO AWARDS

Tuesday May 31st , 2016 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

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.

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 # & X-Date _____

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