

Season Ticket Order Form

Primary ticket holder (We'll mail the tickets to this address.)

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Other ticket holders

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Season tickets are \$75 each.

Number of tickets ordered: _____. Total amount enclosed: _____.

Mail this form with your check to Gaslight Theatre, Season Ticket Plan, P.O. Box 223, Shiner, TX 77984