

Ticket Order Form

Connecticut Family Theatre *presents*



CFT Studio Theatre
58 South Street
West Hartford, CT

LIMITED SEATING

**Advanced
Ticket Price:
\$12.00**
*(If purchased by
May 14, 2017*

**Ticket price after
deadline: \$15.00**

Friday, May 19, 2017 @ 7:30pm _____ Tickets @ \$12/\$15 = \$ _____
Saturday, May 20, 2017 @ 2:00pm _____ Tickets @ \$12/\$15 = \$ _____
Saturday, May 20, 2017 @ 7:30pm _____ Tickets @ \$12/\$15 = \$ _____
Sunday, May 21, 2017 @ 2:00pm _____ Tickets @ \$12/\$15 = \$ _____
Total _____ Tickets @ \$12/\$15 = \$ _____

_____ Check Enclosed # _____

_____ Please hold my tickets at Will Call

_____ Please mail my tickets to:

Name: _____

Address: _____

Phone: _____

Email: _____

_____ Please add me to your mailing list.

I heard about the show from: _____
(name of cast or crew member, newspaper, online, etc.)

Please mail ticket order form to:



**58 South Street
West Hartford, CT 06110
(860)206-4472**

www.ConnecticutFamilyTheatre.org