Ticket Mail-In Order Form

1. Complete the form below, including your contact information and mailing address. **Please print.**
2. Include your check payable to Cedarburg Players.
3. Mail this form and check to: **Cedarburg Players**
   P.O. Box 534
   Cedarburg, WI 53012

*Mail-In Orders Only!
Forms <u>must</u> be received by the Thursday of each performance weekend.

*** All mailed in reservations must be received by the Wednesday prior to each performance weekend.**

Name____

Address____
City______________________________State_________________________Zip_____________
Phone_____________________________E-mail____

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The Cemetery Club

A heart-warming, funny story about friendship and love...

- Fridays and Saturdays: April 8, 9, 15 and 16 at 7:30pm
- Sundays: April 10 and 17 at 1:30pm

Show Date: ___________________________

$1.00 out of every ticket sold will be donated to the American Diabetes Association!

Your donation will help their movement to STOP DIABETES®

Number & Type of Tickets:

( ) General Admission - $15.00 x _____________
( ) Seniors (62+) - $14.00 x ________________

( ) I would like to make a tax-deductable donation to the Cedarburg Players in the amount of $__________

Total Enclosed - $______________

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**Your tickets will be held at the box office.*

**You will receive an e-mail confirmation for your ticket purchase.*