

Celebrating their 57th Anniversary Season

THE PERRY PLAYERS

PRESENTS



Number of Tickets _____ @ \$10.00 = \$ _____

DATE AND CHOICE

Please indicate **with an X** your 1st, 2nd, and 3rd choice of performance date:

<u>DATES</u>	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
THURSDAY, MARCH 22 – 7:30 PM.....	()	()	()
FRIDAY, MARCH 23 – 7:30 PM.....	()	()	()
SATURDAY, MARCH 24 – 7:30 PM.....	()	()	()
SUNDAY, MARCH 25 – 2:00 PM MATINEE.....	()	()	()

DELIVERY OPTIONS

- _____ I'll pick up my tickets at the theatre the night of the performance.
- _____ Please send my printable tickets to the e-mail address listed below.
- _____ Please send my tickets via USPS mail in the **included self-addressed stamped envelope**.

CONTACT INFO—Please print clearly

Name _____
 Address _____
 City _____ Zip _____ Phone _____
 E-mail Address _____

Return completed order form and check payable to **Perry Theatre** to:

John Weaver, Director
Perry High School--Theatre
3737 13th Street SW
Massillon, OH 44646

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