

Ticket Order Form

Ticket Purchase

Show Title & Date	# Gen tix	#Under 22	Total
1 _____			
2 _____			
3 _____			

Tuition Purchase

Class Title	Recipient(s) Names	Tuition Total
1 _____		
2 _____		
3 _____		

Gift Certificate

Name of recipient _____ \$ amount _____
Name of recipient _____ \$ amount _____
Name of recipient _____ \$ amount _____
Total Purchase Amount _____

Name _____

Address _____

City/State/Zip _____

Phone: _____ Email _____

Please send to above address Please hold at theater for pick up

Payment (please circle)

Check: Make payable to Cinnabar Theater (mail order or walk- in only)

Visa/MC: _____ Exp: _____ CVV _____

Signature _____

Send to: Cinnabar Theater
3333 Petaluma Blvd N., Petaluma, CA 94952
Fax to: 707.763.8929 or call: 707.763.8920