



HARRISON THEATRE SPRING MUSICAL TICKET SALES

Name: _____ (Please Print)

SHOW NIGHT	Thu., April 19	Fri., April 20	Sat., April 21	TOTAL # Tickets
Number of Tickets Requested				

_____(# of tickets requested) x \$10.00 = \$_____ (Amount Enclosed)

Make Checks Payable to: *Harrison Drama Guild*

Mail check with this form to:

HARRISON THEATRE
4500 Due West Road
Kennesaw, Georgia 30152

Please send a confirmation email to:

_____ (your email)