



December 4 - 13, 2009

Bayside Performing Arts Center
2025 Kehoe Avenue, San Mateo

	Friday, December 4 7 p.m.	Saturday, December 5 2 p.m.	Sunday, December 6* 2 p.m.	Friday, December 11 7 p.m.	Saturday, December 12 2 p.m.	Sunday, December 13 2 p.m.	Total Tickets
\$16 Adult							
\$10 Senior/ Children under 13							
	\$	\$	\$	\$	\$	\$	\$

Processing Fee: (\$1 per ticket) \$ _____

GRAND TOTAL \$ _____

donation

I am unable to attend but want to help. Enclosed is a tax-deductible donation of _____ to Pied Piper Players.

- Seating preference (if available): ___ aisle ___ center
- Tickets are non-refundable. Exchanges are subject to a \$2/ticket handling fee.
- Please direct questions to 650.992.PIED (7433)
- Group sales (10 or more), please email: tickets@piedpiperplayers.org

payment information

- Check enclosed. Please make check payable to Pied Piper Players, Inc.
 - Credit card (Visa or Mastercard) _____ exp. date (mo/yr) _____ CVC code: _____
- Name: _____ Phone () _____
- Address: _____ City _____ Zip _____
- Email address: _____

Please check if you do not wish to receive information about future productions & events. Pied Piper Players does not share customer or participant information with any third party, regardless of interests or affiliations.

Send order, payment, and a stamped/self-addressed envelope to: Pied Piper Players, Tickets
151 16th Avenue
San Mateo, Ca 94402

Orders received after November 20, 2009 will be held at Will Call. Orders are filled first-come, first-served.

Date order received: _____ check #: _____ Order completed by: _____
Date/Section/Row/Seat: _____ Date mailed/Picked-up: _____
Will Call: _____ Received by (name): _____

How did you hear about this performance? Please indicated all that apply. Thank you.
Cast or staff member (name) _____ mailing list _____
Flyer or poster (where?) _____ media (website, ad, marquee, etc.) _____
Other (event, friend, teacher, etc.) _____

*special talkback and backstage tour