



Tom Sawyer . . . an American Musical

April 23 – May 2, 2004

Bayside Performing Arts Center 2025 Kehoe Avenue, San Mateo

	(1) Fri Apr 23 7:30 pm	(2) Sat Apr 24 2:00 pm	(3) Sat Apr 24 6:30 pm	(4) Sun Apr 25 2:00 pm	(5) Fri Apr 30 7:30 pm	(6) Sat May 1 2:00 pm	(7) Sat May 1 7:30 pm	(8) Sun May 2 2:00 pm	TOTAL # of tickets
Reserved \$12.00									
Reserved Sr./Child \$10.00									
Gala performance All seats \$50.00 Under 13 \$30.00									
TICKETS ORDERED	\$	\$	\$	\$	\$	\$	\$	\$	\$ SUB - TOTAL
Senior = over 64 Child = under 13	I am unable to attend but would like to help offset production expenses. Enclosed is a tax-deductible contribution to Pied Piper Players.								\$ DONATION
No refunds. Exchanges are subject to a \$2 handling fee.									\$ TOTAL

Non-profit group sales (10 or more), please contact: producer@piedpiperplayers.org.

Name: _____ Phone - day (____) _____

Email: _____ Phone - eve (____) _____

Make check payable to **Pied Piper Players, Inc.** Orders are filled on a first come, first served basis. Please enclose a self-addressed stamped envelope. Send order and payment to:

Pied Piper Players
ATTN: Tom Sawyer Tickets
P.O. Box 281680
San Francisco, CA 94128-1680

How did you hear about the show? Cast member _____
(if cast member, please provide the family name)

Mailing list _____ Flyer/Poster _____ Newspaper/TV/Radio _____ Other: _____

Thank you for your support. Please visit us at www.piedpiperplayers.org

Date order rec'd: _____ Check # _____ Order completed by: _____

Show/Sect/Row/Seat: _____

Date Mailed / Picked up: _____ Will Call _____ Received by: _____
(name)