

THE CHILDREN'S THEATRE COMPANY

Character Dining Reservations

\$25.00 Per Person

All persons must have a ticket to attend

Please Print

NAMES OF CHILDREN ATTENDING:

- 1) _____ Age: _____
2) _____ Age: _____
3) _____ Age: _____
4) _____ Age: _____

NAMES OF ADULTS ATTENDING:

- 1) _____ (Contact Person)
2) _____
3) _____
4) _____

Home Contact Phone #: _____ Contact Person: _____
Cell Contact Phone #: _____ Contact Person: _____

Home Mailing Address:

Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____

Contact Person Email: _____

Payment by: _____ Check or _____ PayPal?

Name of person purchasing the Dining tickets? _____

Is this your first time attending our Cinderella Dining? ___ Yes ___ No

How did you hear about our Dining? ___ Radio/TV ___ Newspaper ___ Poster ___ Online ___ Facebook ___ Friend

Please e-mail Reservation Form IMMEDIATELY.

