

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Check the performance dates you would like to attend. Indicate seating requests or any other special comments on the **back** of this form. You may reserve your seats at a later date. Matinees (*) start at 2 pm:

<i>Late Christopher Bean</i>	___ Oct. 12	___ Oct. 19	___ Oct. 20*	___ Oct. 25	___ Oct. 26
<i>The Runner Stumbles</i>	___ Jan. 11	___ Jan. 18	___ Jan. 19*	___ Oct. 24	___ Oct. 25
<i>The Dining Room</i>	___ Mar. 14	___ Mar. 21	___ Mar. 22*	___ Mar. 27	___ Mar. 28
<i>Forever Plaid</i>	___ May 9	___ May 16	___ May 17*	___ May 22	___ May 23

Membership: _____ @ **\$65** (one ticket per show) **Forms must be received no later than Sept. 15, 2019**

Return to: Westfield Community Players, 1000 North Ave. West, Westfield, NJ 07090

ORDER FORM