

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:

Night Watch: ___ **Oct. 15** ___ **Oct. 22** ___ **Oct. 23*** ___ **Oct. 28** ___ **Oct. 29**

A Man for All Seasons: ___ **Jan. 14** ___ **Jan. 21** ___ **Jan. 27** ___ **Jan. 28** ___ **Jan. 29***

12 Angry Jurors: ___ **Mar. 11** ___ **Mar. 18** ___ **Mar.19*** ___ **Mar.24** ___ **Mar. 25**

The 39 Steps: ___ **May 13** ___ **May 20** ___ **May 21*** ___ **May 26** ___ **May 27**

Membership: _____ @ \$75 (one ticket per show)

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

ORDER FORM

All order forms must be received no later than Sept. 15, 2022