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

Address: _____

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

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

ORDER FORM

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:

And Then There Were None:	___ *Oct. 15*	___ *Oct. 22*	___ *Oct. 23**	___ *Oct. 28*	___ *Oct. 29*
Musical of Musicals:	___ *Jan. 14*	___ *Jan. 21*	___ *Jan. 22**	___ *Jan. 27*	___ *Jan. 28*
Boeing-Boeing:	___ *Mar. 11*	___ *Mar. 18*	___ *Mar.19**	___ *Mar.24*	___ *Mar. 25*
One Flew Over Cuckoo's Nest:	___ *May 6*	___ *May 13*	___ *May 19*	___ *May 20*	___ *May 21**

Membership: _____ @ *$65* (one ticket per show)

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

VOLUNTEERING AT WCP

___ Check here if you can volunteer for one hour before a performance you attend to sell raffles or usher.

___ Check here if you would like us to contact you for other volunteer opportunities.