

Evelyn Graves Dinner Theatre Reservation Form

Current Date:

ORGANIZATION NAME: _____

CONTACT PERSON: _____

GROUP NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER (day) _____ (evening) _____ (other) _____

PRODUCTION: _____

PRODUCTION DATE: _____ TIME: _____

NUMBER OF RESERVE SEATS (ADULTS) _____ NUMBER OF CHILDREN _____

Regular _____ Orchestra _____

AMOUNT ENCLOSED: \$ _____ Are you traveling by bus _____ or car _____?

NOTES: _____

Tickets released upon receipt of final deposit (due two weeks prior to production).

Fundraising committees must submit sample of organization tickets.

MAKE CHECKS PAYABLE TO:

Evelyn Graves Drama Productions

SEND RESERVATIONS TO:

EVELYN GRAVES DRAMA PRODUCTIONS

5447 CHESTER AVENUE

PHILADELPHIA, PA 19143

(215) 727-7796

