



**2008
27TH ANNIVERSARY**

Number of Tickets

YES! I would like to sit at a table in the **BALCONY**
I wish to purchase _____ Ticket(s) @ \$95 each = \$ _____
_____ Couples @ \$175 = \$ _____

I would like to sit at a table on the **STAGE**
I wish to purchase _____ Ticket(s) \$95 each = \$ _____
_____ Couples @ \$175 = \$ _____

Payment must be received by September 12, 2008
We will fill tables on a first come, first served basis.
Please send in this form with payment as soon as possible to ensure you have the best seats in the house. If the tables are full, we will contact you and let you know. If you have any questions, please call 829-1172

Patron Information
Name(s) _____
Mailing Address _____
City _____ State _____ Postal _____
Email _____ Telephone _____
Years Attending CURTAIN UP! _____
I would like to sit with _____

Payment Options
Total Due \$ _____ Check enclosed, payable to CURTAIN UP!
Credit Card Visa ____ Master Card ____ Amex Disc ____ To charge by phone call 716-829-1172
Card Number _____ Expiration Date _____
Cardholder's signature _____
(your signature authorizes us to charge your account)
Please print cardholders name _____

SEND TO:
CURTAIN UP! 2008
c/o SHEA'S PERFORMING ARTS CENTER
P.O. Box 1130
Buffalo, NY 14205