Ticket order form
Number of tickets: _____ (All tickets are general admission and valid for any performance.)

TOTAL COST: _____ ($15 each)

Method of payment (check one): ☐Cash ☐Check ☐Visa ☐Mastercard ☐Discover

Credit Card Number: _____ _____ _____ _____

Expiration Date: _____ / _____ Amount of Charge: $_____

Name: _____ Phone: _____

Signature: _____ Date: _____

How would you prefer to get your tickets? ☐Hold tickets at Will Call counter at theater
☐Please mail tickets to following address

Address: _____

City: _____ State: _____ Zip: _____

(optional) My email address is:_____

Please mail this form to:

Glenview Theater Guild Tickets
c/o Glenview Park Center
Attn: Amber Blake
2400 Chestnut Avenue
Glenview, IL 60026

Make checks payable to **Glenview Theater Guild**.