



# Clarkstown Summer Theatre Festival 2010

P. O. Box 223, New City, NY 10956

[www.summertheatrefestival.com](http://www.summertheatrefestival.com)

## CELEBRATE CSTF: A MUSICAL REVUE

### Ticket Order Form

Name _____	Telephone (____) _____
Address _____	Email Address _____
City, State, Zip _____	CSTF Member _____

DATE	NUMBER OF TICKETS					TOTAL COST
	Adult @ \$15	Student @ \$10	Senior @ \$10	Child @ \$10	Group (20 or more - same performance) @ \$8	
Friday, Aug. 6: 8:00 PM						\$
Saturday, Aug. 7: 8:00 PM						\$
Sunday, Aug. 8: 2:00 PM						\$
Friday, Aug. 13: 8:00 PM						\$
Saturday, Aug. 14: 8:00 PM						\$
<b>TOTAL</b>						\$

**Make checks payable to: CSTF**

**Best available seats assigned – No Refunds – Exchanges Only**

**YOU MUST RETURN THIS COMPLETED FORM WITH PAYMENT TO A CSTF MEMBER OR MAIL TO THE ABOVE ADDRESS.**

For CSTF office use:

Cash  Check # \_\_\_\_\_ Name \_\_\_\_\_

✂ ----- **TICKET RECEIPT** -----



Clarkstown Summer Theatre Festival Presents **CELEBRATE CSTF: A MUSICAL REVUE**

August 6, 7, 13, & 14, 2010 at 8:00 PM August 8 at 2:00 PM

Clarkstown High School South, West Nyack, NY

Thank you for supporting Clarkstown Summer Theatre by purchasing your tickets in advance.

***We hope you will let your friends know about us!***

For questions or other info, please contact us at (845)356-0844 or email: [info@cstf-ny.org](mailto:info@cstf-ny.org)

or write to us at P. O. Box 223, New City, NY 10956

visit us on the web at: [www.summertheatrefestival.com](http://www.summertheatrefestival.com)

Name \_\_\_\_\_ CSTF Member \_\_\_\_\_

# of tickets purchased \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid: \_\_\_\_\_  Cash  Check # \_\_\_\_\_