



A High School Monster Musical TICKET FORM

Name: _____

Address: _____

City: _____

Home phone: _____

Work phone: _____

Cell phone: _____

e-mail: _____

**Performance (FIRST CHOICE) PLEASE CHECK OUR WEBSITE FOR SOLD OUT DATES.
www.playsinthepark.com (Note sold out shows are in grey)**

SATURDAY, October 10 at 1:00 p.m. _____ 4 p.m. _____

SUNDAY October 11 at 1:00 p.m. _____ 4 p.m. _____

SATURDAY, October 17 at 1:00 p.m. _____ 4 p.m. _____

SUNDAY October 18 at 1:00 p.m. _____ 4 p.m. _____

SATURDAY, October 24 at 1:00 p.m. _____ 4 p.m. _____

Performance (SECOND CHOICE)

Show: _____ at _____ p.m.

Performance (THIRD CHOICE)

Show: _____ at _____ p.m.

Number of adult tickets at \$3.00 each: _____ x \$3.00 = \$ _____

Number of children's tickets at \$2.00 each: _____ x \$2.00 = \$ _____

I have enclosed a check made out to the TREASURER, MIDDLESEX COUNTY in
the amount of: \$ _____ Check Number _____

I have enclosed **a self-addressed stamped envelope** for the return of the tickets.

I understand there are no exchanges or cancellations.

Mail to: **A High School Monster Musical**
c/o PLAYS- IN -THE- PARK (in Roosevelt Park)
1 Pine Drive
Edison, NJ 08837