

Season Pass Order Form:

Name: _____

Address: _____

City: _____ Postal Code: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Method of Payment

Cheque Visa Mastercard

Card Number _____ Expiry date _____

Signature _____

Please Mail this form to: Theatre Projects Manitoba
204-245 McDermot Avenue
Winnipeg MB R3B 0S6 Canada