

Cape Cod Nutcracker Gala 2003
featuring the
Cape Symphony Orchestra

Name _____ Telephone _____

Mailing Address _____

Email Address _____

Please mail my tickets _____ (if ordered before December 1st)

Please hold at box office _____ under the name of _____

Cape Cod Nutcracker Gala 2003

Choose performance you wish to attend.

____ Saturday, Dec 20, 2003 at 7:30 PM

____ Sunday, Dec 21, 2003 at 2:00 PM

SELECT SECTION

____ A - \$35.00

____ B - \$25.00

____ C - \$25.00

____ D - \$20.00

Price per ticket _____ x _____ tickets

Total = \$ _____

Please make checks payable to **CCBS**

or complete credit card information (VISA, MC, Discover – NO American Express):

Card Holder Name: _____

Credit Card #: _____ VISA __ MC __ Discover __

Expiration Date: ____/____ (Month/Year)

Special Requests:

Have you ordered tickets to the Nutcracker Gala before? yes ____ no ____

Send completed order form with payment to:

CCBS, PO. Box 76, East Falmouth, MA 02536