

WINDY CITY THEATER SERIES 2014-2015 ORDER FORM

please print clearly

NAME: _____

ADDRESS: _____

ZIP _____

EMAIL ADDRESS: _____

PHONE: _____

HOW MANY SUBS: _____ @ \$265 each = \$ _____ TOTAL

I WANT TO SIT WITH: _____

CHOOSE night for SOME MEN: (please circle or no preference)

WED SEPT 10 or THURS SEPT 11 or No Preference

Credit Card Info:

Name on Card: _____

Type of Card: VISA MC AMEX

Card Number: _____

Expiration Date: _____ Verification Code: _____ (3-4 digits)

PLEASE EMAIL to amy@windycitymediagroup.com OR FAX to 773-871-7609

DATE _____