

Order Form



CONTACT INFORMATION

OFFICIAL PAYMENT CARD

Name Mr Mrs Ms Dr

Address

City Province/State Postal/Zip Code

Telephone (Daytime) (Evening)

Shaw Festival Account Number Email

PERFORMANCE	QTY	FIRST CHOICE Date & Time	SECOND CHOICE Date & Time	PRICE PER TICKET / EVENT	TOTAL AMOUNT

SUPPORT THE SHAW BECOME A MEMBER TODAY Visit shawfest.com/membership for details	TOTAL AMOUNT FOR TICKETS	
	TAX (13% OF TICKET/EVENTS TOTAL)	
	NO. OF ASSISTIVE LISTENING DEVICES x \$2	
	SERVICE CHARGE	\$8.50
	2012 MEMBERSHIP FEE	
	TOTAL AMOUNT ENCLOSED	

PAYMENT INFORMATION

Enclosed cheque (payable to the SHAW FESTIVAL for total amount of order)

VISA MasterCard American Express

Card Number Exp Date Signature

IF ORDER CANNOT BE COMPLETED AS REQUESTED

Substitute best tickets available Singles accepted Call me

Please send me news via email Please mail me ___ extra Season Brochure(s)

I have special needs requirements (eg wheelchair seating). Please specify: