

Evelyn Graves Dinner Theatre Reservation Form

Current Date: _____

ORGANIZATION NAME: _____

CONTACT PERSON: _____

GROUP NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER (day) _____ **(evening)** _____
(other) _____

PRODUCTION: _____

PRODUCTION DATE: _____

TIME: _____

NUMBER OF RESERVE SEATS (ADULTS) _____ **NUMBER OF CHILDREN** _____
Regular _____ **Orchestra** _____

AMOUNT ENCLOSED: \$ _____ **Are you traveling by bus** _____ **or car** _____?

NOTES:

**Tickets released upon receipt of final deposit (due two weeks prior to production).
Fundraising committees must submit sample of organization tickets.**

MAKE CHECKS PAYABLE TO:

Evelyn Graves Drama Productions

**SEND RESERVATIONS TO:
EVELYN GRAVES DRAMA PRODUCTIONS
5447 CHESTER AVENUE
PHILADELPHIA, PA 19143
(215) 727-7796**