

Crane Acting Troupe CLAIM FORM

Name _____

Address _____

Telephone _____

- Please complete one of the following.
- Make sure to include tickets with this claim form.

If you are selecting option #3 also enclose a self-addressed stamped envelope.
All refunds must be postmarked no later than April 1 to be eligible for a refund.

Donation to Crane Acting Troupe

(Please enclose purchased tickets.)

Name as you would like it to appear in the Playbill:

Refund

Number of adult tickets enclosed _____ * \$12.00 = _____

Number of student tickets enclosed _____ * \$10.00 = _____

Total Refund Requested \$ _____

Make check payable to _____

(Please print clearly)