

2010 10 YEAR ANNIVERSARY
SPECIAL GIFTS THEATRE



Come celebrate 10 years of magical moments with Special Gifts Theatre! This year our anniversary performance is Disney's highly acclaimed "High School Musical". Join us...as we bring together a decade of students, mentors and staff alumni. Afterall, "We're All in This Together!"

Special Gifts Theatre, Inc. (SGT), is a not for profit organization, that was founded to provide children and teens who have a wide array of special needs, the opportunity to experience the joy and enrichment that theatre arts can bring.

SGT offers four productions this year of "High School Musical." Seating is general admission and orders will be taken on a first come, first served basis. Ticket prices are \$12.00 in advance and \$15.00 at the door for both adults and children. **Please be aware that we do have two casts for this show, so please be careful when ordering your tickets so you select the correct date(s).**

Please complete the form below to order your tickets in advance. Once this form is received with payment, tickets will be mailed to the address provided below. Please hold on to your tickets, as lost tickets cannot be replaced and they are non-refundable.

TICKETS NOW AVAILABLE!

Saturday, March 6 & Sunday, March 7
Saturday, March 13 & Sunday, March 14

2 pm • Skokie School Theatre
520 Glendale • Winnetka

BOX OFFICE 847.564.7704

www.specialgiftstheatre.com

TICKET ORDER FORM



Name (please print) _____
Address _____ City, State, Zip _____
Telephone: _____ Email: _____

I wish to purchase:
_____ ticket(s) in advance for Saturday, March 6, 2010 (\$12.00 each)
_____ ticket(s) in advance for Sunday, March 7, 2010 (\$12.00 each)
_____ ticket(s) in advance for Saturday, March 13, 2010 (\$12.00 each)
_____ ticket(s) in advance for Sunday, March 14, 2010 (\$12.00 each)

Please note that tickets purchased for March 6 & 7 is for Cast One (Tuesday students). Tickets purchased for March 13 & 14 is for Cast Two (Wednesday students).

Check enclosed payable to *Special Gifts Theatre* Amount: \$ _____

Please charge my:

American Express Discover Mastercard Visa

Name as it appears on credit card _____

Credit Card Number _____ Expiration: _____

Signature: _____ Amount Approved to Charge: \$ _____

Please mail this form with payment (no cash please) to:

Special Gifts Theatre, Inc. • P.O. Box 2231 • Northbrook, IL 60065-2231 • Attn: Box Office

For office use: Date Received _____ Check Number _____ CC Charged on _____

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