

GIFT CERTIFICATE INFORMATION

(Please Print Clearly Below)

Purchaser:				
Name				
Street Address	City	State	Zip	
Home Phone	Cell or Work Pho	ne		
E-Mail Address				
We will send	you an e-mail message as a reminder of upcoming If you would like this unique service, please		o the performance.	
Recipient:				
-				
Street Address	City	State	Zip	
Home Phone	Cell or Work Pho	Cell or Work Phone		
E-Mail Address				
Quantity:				
Adult season ticket @ \$40.)0 each			
Family season ticket @ \$90	.00 each student tickets. Please list quantity of student tick	rate needed)		
Student season ticket @ \$1		lets ficeuleu)		
Is this purchase for the cur	rent 2019-2020 season? Y N			
Is this purchase for the foll	owing 2020-2021 season?Y	Ν		
Please note	that Gift Certificates will be mailed to the purchase Make Checks Payable to CACA	r unless otherwise specified.		
	Please return this form with payment $C \wedge C \wedge M$ embership	to:		
	CACA Membership 146 4th St N			

Sauk Centre, MN 56378