

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 y	ou an e-mail message as a reminder of upcoming If you would like this unique service, please		to the performance.
Recipient:			
Street Address	City	State	Zip
Home Phone	Cell or Work Phone		
E-Mail Address			
Quantity:			
Adult season ticket @ \$40.0	0 each		
	00 each. Number of Children		
(Family includes 2 adult and children			
Student season ticket @ \$10	.00 each		
Is this purchase for the curr	ent 2017-2018 season?YN		
Is this purchase for the follo	wing 2018-2019 season?Y	N	
Please note th	nat Gift Certificates will be mailed to the purchase Make Checks Payable to CACA	er unless otherwise specified.	
	Please return this form with payment $C \land C \land D$ become payment	to:	
	CACA Membership 146 4th St N		

Sauk Centre, MN 56378