

Wainwright Encore Entertainment Society
Saturday Night Seat Reservation

Name: _____ Phone Number: _____

Mailing Address: _____

City _____ Postal Code _____

Email Address: _____

Seat: Block N C E #'s _____

To guarantee your seat, please pay:

Early Bird (by March 31): _____ # of seats x \$140.00 = _____

Regular Price (by April 30): _____ # of seats x \$160.00 = _____

Please return form to:

Globe Footwear, 310 10 Street **OR** mail it to: Wainwright Encore, Box 2958, Wainwright AB T9W 1S8

Office use only: Amount \$ _____ cheque # _____ Cash _____ Date _____