

The Putnam Children's Discovery Center presents: The 2010 Spring Musical



GREASE

The School Version

Directed by Vicky Barbalato Musical Director Melissa Jones Choreographer/Stage Manager Judy Marano
Produced by Carolyn Adams

Performances

| | | |
|----------|----------|-----|
| Thursday | March 11 | 7PM |
| Friday | March 12 | 7PM |
| Saturday | March 13 | 2PM |
| Saturday | March 13 | 7PM |

At HH Wells Middle School in Brewster on Rte 312

Visit online: www.DiscoveryCtr.org for exciting acting & science programs

Call us at (845) 621-1260 ext. 307 or email Tickets@DiscoveryCtr.org
if you need further assistance or if we can answer any other questions

To Pay by check (payable to PCDC) or by credit card please mail to: PCDC PO BOX 222 Carmel, NY 10512
We regret online registration is not available at this time, you may fax a credit card reso to : (914) 205-3623

Advance Tickets are \$12 Groups of 10 or more such as a church, synagogue, scout group etc are welcome to purchase 10 or more at one time for \$10 per ticket (in other words if you buy 16 tickets for \$10 each please do not ask for 2 more at \$10 each a week later.. (It plays havoc with our system) However you are always welcome to generate a new Group of 10 or more at any time.

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|--|--|---------------------|
| _____ # of \$12 advance tickets for 3/11 7pm show = \$ _____ | _____ # of \$10 GROUP advance tickets for 3/11 7pm show = \$ _____ | Name of Group _____ |
| _____ # of \$12 advance tickets for 3/12 7pm show = \$ _____ | _____ # of \$10 GROUP advance tickets for 3/12 7pm show = \$ _____ | Name of Group _____ |
| _____ # of \$12 advance tickets for 3/13 2pm show = \$ _____ | _____ # of \$10 GROUP advance tickets for 3/13 2pm show = \$ _____ | Name of Group _____ |
| _____ # of \$12 advance tickets for 3/13 7pm show = \$ _____ | _____ # of \$10 GROUP advance tickets for 3/13 7pm show = \$ _____ | Name of Group _____ |

Please add a tax deductible donation of \$ _____ to my order.

Tickets will be available for pick up during rehearsals or at HH Wells lobby March 8, 9, 10 from 7-9pm. Or if you prefer include a self addressed stamped envelope and they will be mailed.

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Please note bounce checks incur a \$35 bounce check fee

I am a member (expires ___/___/___) I am a non-member I am joining today (add \$25)

To pay by credit card your address must be the same:

Name on card _____ Amount of charge \$ _____
_____/_____/_____/_____ Exp ____/____/_____

Signature _____