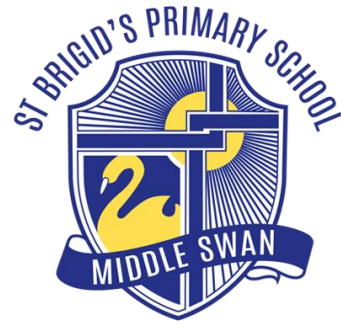


Pre Order Movie Tickets



YOUR INFORMATION-

Full Name _____

Phone number _____

Email address _____

DESCRIPTION	QTY	UNIT VALUE	TOTAL VALUE
Adult Ticket		\$14.00	
Child Ticket		\$7.00	

THANK YOU

TOTAL

CREDIT CARD

CARDHOLDER INFORMATION Name: _____

Credit Card Type: MasterCard Visa Number: _____

Expiration Month: ____ Year: ____ CVV: ____ Cardholder Signature _____ Date __/__/__

_____ THANK YOU _____

Please return form by 30th November 2023 to the P&F box located in the admin building.

Contact - Karryn Purchase - kazza0521@hotmail.com

