

# StarStruck Theatre presents .....


## Jackson Theatre - Ohlone College, Fremont


August 1 - 16, 2008 \$22 Adults / \$20 Seniors & Students / \$18 Youth under 12

Seating is assigned. Buy your tickets early for best seats!

Tickets available at [www.starstrucktheatre.org](http://www.starstrucktheatre.org) or through StarStruck Theatre Box Office (510) 659-1319



Performance Date	Adults \$22	Sr (65+) & Students \$20	Youth under 12 \$18	Amount due per show
Friday, Aug 1 @ 8 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Saturday, Aug 2 @ 8 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Sunday, Aug 3 @ 2PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Thursday, Aug 7 @ 8 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Friday, Aug 8 @ 8 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Saturday, Aug 9 @ 8 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Sunday, Aug 10 @ 2 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Thursday, Aug 14 @ 8 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Friday, Aug 15 @ 8 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Saturday, Aug 16 @ 2 PM 	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$
Saturday, Aug 16 @ 8 PM	___ tickets x \$22 = \$	___ tickets x \$20 = \$	___ tickets x \$18 = \$	\$

Each ticket ordered subject to \$1 Facility Fee. Full payment to accompany ticket order form.  = ASL Interpreted Performance. All sales final - no exchanges or refunds.	Total Tickets ordered = _____ x \$1 Facility Fee per ticket = \$_____	Total Due: \$ _____
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Name: \_\_\_\_\_

Yes! Add me to your mailing list.

Address: \_\_\_\_\_

Phone or email address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**Method of Payment** (check one)  Check - made payable to [StarStruck Productions](#)

Credit Card

(circle one) Visa MasterCard CARD# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Tickets will be placed at Will Call, unless otherwise instructed. Include SASE if you want tickets mailed.

Mail order form and payment to: StarStruck Theatre, 43575 Mission Blvd. #616, Fremont, CA 94539  
Questions? Phone the StarStruck Box Office at (510) 659-1319 or visit us at [www.starstrucktheatre.org](http://www.starstrucktheatre.org)