



## StarStruck Theatre Dining Card

Please fill out form completely. Your card will be mailed to you within 10 business days.

Name: \_\_\_\_\_

Yes! Add me to your mailing list.

Address:

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Method of Payment** (check one)

- Check – (made payable to StarStruck Productions)
- Credit Card (circle one)    Visa    MasterCard

CARD# \_\_\_\_\_

EXP. DATE \_\_\_\_\_ Security Code (on back) \_\_\_\_\_

AUTHORIZED SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_

Mail order form and payment to:  
StarStruck Theatre, 43575 Mission Blvd. #616, Fremont, CA 94539

Thank you so much for supporting StarStruck Theatre!