



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!