



“MADAGASCAR, JR” Show Registration Form

TO: Sandy Santana
Fax: 561-272-5884
Ph: 561-272-1281 ext. 4
E-mail: delraybeachplayhouse@gmail.com

Camp: _____

Person to Contact: _____ Phone: _____

Cell Phone: _____ Fax _____

Email: _____

Address: _____

City: _____ State: _____ Zipcode: _____

We would like to book _____ number of seats on June _____ or July _____

At the 10:30am Show _____ or the 1:30pm Show _____. Show runs one hour and 15 minutes.

A 25% deposit is due within 20 days of booking your performance. This deposit is non-refundable.

FULL PAYMENT is due 30 days prior to your performance date. If not paid in full, your reservation will be subject to cancellation. There will be no refunds from your reservations.

Payment Method: _____ Check _____ Credit Card (Mastercard or Visa Only)

CC#: _____ Expiration Date: _____

Name on Credit Card _____ Phone # _____

Street Address and zip Code are needed for credit card verification.

Street Address: _____ Zip Code: _____