REHOBOTH BEACH INDEPENDENT FILM FESTIVAL
2010 PRE-FESTIVAL TICKET ORDER FORM

Directions: This ticket order form is for current Contributing Director, Director, and Executive Producer members only. Please remember that only **one pre-festival ticket order** may be submitted.

Name: _____ Daytime phone #: _____

Circle one: Individual OR Couple membership at the _____ level.

Email address for confirmation purposes: _____
(Please print clearly)

Day in Order (Wed, Thurs, Fri, Sat, Sun)	**Starting Time**	**Film Title**	**# of Tickets** Senior (60 yrs+)	Regular admission	**Total tickets for each film**
		Sub-total # of tickets ordered:	#:		#:
LESS VOUCHERS: Contributing Directors, Directors: Subtract 2 vouchers for individual membership OR 4 for couple membership, **Executive Producers:** Subtract one for individual OR 2 for couple					
		TOTAL # OF TICKETS TO PAY FOR:			
		Ticket prices:	X $8.00 (senior)	X $9.00 (regular)	**TOTAL COST** ↓
		Multiply # of tickets in each column by corresponding price.		+	=
				TOTAL PAYMENT DUE:	**$**

Payment _____ _____ Visa or MasterCard credit card # _____
Cash check#

Exp. Date: _____ Billing Zip code _____

For Office Use: In-person ___ Will Call ____ Mail____

Date confirmation sent: _____