



The MUSICAL based on the comic strip "Little Orphan Annie"

Annie

The Players Theatre

16217 Richmond Rd. (P. O. Box 253), Callao
804-529-9345

www.westmorelandplayers.org

Box office email: boxoffice@westmorelandplayers.org

Aug. 6 - 22

10% discount for GROUPS of 15 or more adults
(when ordered AT THE SAME TIME with one payment. Sorry, no additional discounts to student groups.)
Regretfully, we cannot refund reservation payments. No phone orders please.
All pre-paid reservations will be held at the door. Confirmation will be made by phone or email.
(Please note we do not print paper tickets.)

Mail with your credit card info or check to: The Westmoreland Players, P. O. Box 253, Callao, VA 22435

✂ -----
Name _____ Phone(s) Day _____ Evening _____ Cell _____

Mailing Address _____ Town/State _____ Zip _____

E-Mail Address _____ Check here if any of your contact info is new

Check (✓) the date you wish to attend and note the number and type of seats. (Fill in information across one line only.)					# of ADULT seats @ \$20	# of STUDENT seats @ \$12	Total # of seats	Total Amount
Enjoy our Opening Night Pre-Show Social Hour with half-price beer, wine and sodas. Friday, Aug. 6 Doors open at 7 p.m. Show is at 8 p.m.								
Evening	Saturday	Aug. 7	8:00					
MATINEE	Sunday	Aug. 8	3:00					
Evening	Friday	Aug. 13	8:00					
MATINEE	Saturday	Aug. 14	3:00					
Evening	Saturday	Aug. 14	8:00					
MATINEE	Sunday	Aug. 15	3:00					
Evening	Thursday	Aug. 19	8:00					
Evening	Friday	Aug. 20	8:00					
MATINEE	Saturday	Aug. 21	3:00					
Evening	Saturday	Aug. 21	8:00					
MATINEE	Sunday	Aug. 22	3:00					

WHY NOT BE A "JEWEL" AND JOIN OUR "TREASURED" FAMILY OF PATRONS?

(Suggested support levels are per couple. Patrons receive TWO tickets to Annie plus other benefits. See back of this form for details.)

_____ Bronze \$250 _____ Silver \$500 _____ Gold \$1000 _____ Platinum \$2500
_____ Ruby \$5000 _____ Sapphire \$7500 _____ Diamond \$10,000

___ I want to be a Friend of the Players by making a tax deductible gift of ___ \$100 ___ \$75 ___ \$50 ___ \$ 25 ___ \$10

Please PRINT your name(s) as you wish them to appear in the program. _____

The Westmoreland Players is a 501 (C)(3) organization. Your support is tax-deductible as allowed by law.

Choose CREDIT CARD or CHECK to reserve your seats and lend your PATRON/FRIEND support. THANK YOU!

Credit card VISA MasterCard Total Amount \$ _____
Card # _____ Exp.: Month ____ Year ____
Signature _____ Billing Zip Code _____

OR Check
Please make payable to:
The Westmoreland Players

Check to request accommodations due to a disability and describe how we may assist you.