



MERCHANDISE ORDER FORM

1665 Quincy Avenue, Suite 143 • Naperville, IL 60540 • Tel: 630-355-9212 • Fax: 630-355-9226
kidzkabaret@sbcglobal.net • www.kidzkabaret.com

Parent's Name: _____

Tel: _____

Address: _____

Email: _____

Date: _____

Item	Description	Qty	Price	Total
DVD of Show Performance	Show Title: _____ Cast: _____	_____	\$10/ea	
	Show Title: _____ Cast: _____	_____		
	Show Title: _____ Cast: _____	_____		
Colored Show Poster (11" x 14")	Show Title: _____	_____	\$10/ea	
	Show Title: _____	_____		
Shout-out	An opportunity to commemorate your performer's participation in the show program. Send a note of encouragement, express your pride, or just extend best wishes through a personal message in the show's playbill. They make great keepsake items! Adhere to the due date given by your director and/or the office. ABSOLUTELY NO LATE ORDERS WILL BE ACCEPTED. Show Title: _____	Select Shout-out Size:		Amount:
		<input type="checkbox"/> Bar Line (2 lines)	\$10 ->	
		<input type="checkbox"/> Business Card (4-5 Lines)	\$25 ->	
		<input type="checkbox"/> Quarter Page	\$50 ->	

Please print message* (it will appear exactly as written. For example "To:" and "Love" will not be included unless you write it. No calls or e-mails will be made to double check, so please be careful and **PRINT LEGIBLY!**)

**Size of text and number of lines depends on how many words/letters you use. Please make sure spelling is accurate. We cannot be responsible for misspellings or words that are left out, please double check what you have written.*

Credit Card #: _____		Subtotal:	
Expiration Date: _____			
Make a donation!	Make a tax deductible donation of \$5, \$10, \$25 or more	Donation Amount:	
For Office Use Only Initials: _____		TOTAL:	
Form of Payment: Check #: _____ <input type="checkbox"/> CC Amount: _____			

Date Picked Up: _____

Initials: _____

THANK YOU FOR YOUR SUPPORT!

Click here to submit