

Facsimile or Mail Reservation Form

Oregon Shakespeare Festival– Ashland, OR
(No later than July 18th)

TO: The College of Wooster
Office of Alumni Relations– Erin Toohey
Wooster, OH 44691

FAX: (330) 263-2250
PHONE: (330) 263-2533

From: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail Address(es): _____

FAX #: _____ **Phone:** _____ Home Cell Work

Please reserve _____ places for the Oregon Shakespeare Festival.

Name(s) and Class Year (if applicable) of people attending:
(As you would like them to appear on nametags)

_____	Class Year	_____
_____	Class Year	_____
_____	Class Year	_____
_____	Class Year	_____

_____ Young Alumni x \$10.00 each**
*** Please note that this price applies to Graduates of the Last Decade (G.O.L.D) and **one** guest. Additional guests and non-G.O.L.D. alumni are asked to purchase their ticket for the standard price of this event, \$54.00. Thank you.*

_____ Additional Alumni & Guests x \$54.00 each Total \$ _____

_____ I am a class officer

_____ My check for \$ _____ made payable to The College of Wooster, is enclosed.

Please charge \$ _____ to my VISA Mastercard Discover

Card Number _____ Expiration Date _____

Security Code _____

Signature _____ Today's Date _____