RESERVATION VOUCHER FOR 2017 SCHOOL PERFORMANCES OF THE TRIAL OF LOUIS RIEL

Schoo	l:				
Addre	ss:				
Conta	ct Person:		Ph#	Fx#	
email:					
2: RE	SERVATION DATE				
Please	indicate the day or days y	ou will attend, the g	rade or grades attending, and the total	number of attendees:	
	Monday May 1st	Grade(s)	Attendees		
	Tuesday May 2nd	Grade(s)	Attendees		
	Wednesday May 3rd	Grade(s)	Attendees		
	Thursday May 4th	Grade(s)	Attendees		
	Friday May 5th	Grade(s)	Attendees		
3: AR	RIVAL TIME				
Γhe sh	now begins at 1:00 pm. F	Please arrive at the n	nuseum before 12:30 pm!		
•	•		d on the corner of College Avenue and arm or across the street on Albert or Co		
Please	indicate if you plan on vis	siting the museum ga	alleries prior to watching the show:	Y or N	
Please	indicate your estimated an	rrival time:			
4: AD	MISSION				
Admis	ssion is \$10 per person pre	paid before April 29	th:x\$10 ea., Total		
Admis	ssion is \$12 per person after	er April 29th:	x\$12 ea., Total		
•		ot are emailed as soon			

Thank-you for your reservation, and your commitment to helping maintain North America's longest running dramatic theatrical production!

Peter Champagne RielCo Productions Fax - (306) 728-5549 * Box 2378 Melville, SK S0A 2P0 Info - (306) 728-5728