



Friday, October 30
5:30-8 P.M.

TICKET ORDER FORM

Name: _____

Address: _____

City, State, Zip _____

E-mail: _____

of children _____

of adults _____

_____ tickets x \$12 = _____

_____ family four packs x \$40 = _____

I am enclosing a check made payable to Madison Children's Museum.

Please charge my credit card.

Circle one: Visa Mastercard Am Ex Discover

Expiration date: _____ Security Code _____

Please mail ticket order form with payment to:

Beakers & Broomsticks

Madison Children's Museum

100 State Street

Madison, WI 53703

