



2019 VACATION RAFFLE ORDER FORM

Please print carefully, so we can contact you

NAME _____

TELEPHONE _____

EMAIL _____

ADDRESS _____

CITY, STATE ZIP _____

PAYMENT MUST BE RECEIVED BY MAY 23, 2019

Make Check Payable to **Heartwood**

MAIL TO : Heartwood Theater Company

PO Box 1115 Damariscotta, ME 04543

Guest House ~ IRELAND (6 nights) # tickets _____ @ \$50 Total \$ _____

Apartment ~ MEXICO CITY (6 nights) # tickets _____ @ \$50 Total \$ _____

Town House ~ ASTORIA (6 nights) # tickets _____ @ \$50 Total \$ _____

Waterfront Condo ~ DAMARISCOTTA (5 nights) # tickets _____ @ \$50 Total \$ _____

Bed & Breakfast ~ BOSTON (2 nights) # tickets _____ @ \$25 Total \$ _____

PUMPKINFEST PROPERTIES

Waterfront Apt ~ DAMARISCOTTA (5 nights) # tickets _____ @ \$50 Total \$ _____

Private Home ~ EDGECOMB (3 nights) # tickets _____ @ \$50 Total \$ _____

DINING PACKAGE # tickets _____ @ \$50 Total \$ _____

GRAND TOTAL \$ _____

___ CHECK ___ CREDIT CARD : # _____ - _____ - _____ CODE ___ EXP. ___/___