



Publicity Fact Sheet

If your event is a public one, we are happy to include it on our website.
Please complete this form and return to Port Coquitlam Theatre Society.

PRESENTER NAME: _____

SHOW NAME: _____

Day & Date of event: _____

Time of event: _____

Description of Event (please be concise, space is limited): _____

Ticket Prices:

(adults): \$ _____ (seniors): \$ _____ (students): \$ _____
(children): \$ _____ (under age _____)

Seating Type: (please circle) RESERVED GENERAL ADMISSION

Ticket Availability: (give location and phone number)

**Please email a photo or digital version of poster if available.

For Website Administrators info only - will not be published on website

Contact Person's Name: _____

Phone: _____

E-mail: _____

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