TAKE A SEAT ORDER FORM

Contact Information:

Title:  Mr.  Mrs.  Ms.  Dr.  Mr. & Mrs.  Other: _____________________________________________
First, Last Name: _____________________________________________________________________
Spouse's Name: ______________________________________________________________________
Home address       Business address
Business Name: ______________________________________________________________________
Address: ____________________________________________________________________________
City/State/Zip: ______________________________________________________________________
Home Phone: __________________________ Business Phone: _____________________________
E-mail address: ____________________________________________________________
Name as you would like it to appear in recognition: _____________________________________

Please check off which theatre where you would like your seat plaque to be located:

☐ Atwood Concert Hall
☐ Discovery Theatre
☐ Sydney Laurence Theatre

Seat Location:

☐ Orchestra ($250 each)
☐ Mezzanine ($100 each)
☐ Balcony ($100 each/Atwood only)

(if ordering more than one seat, please print out additional pages as needed)

Row Letter: _____ Seat Number: _____

I would like the following wording on the plaque (2 lines, 35 spaces per line):

__________________________
__________________________

Payment Information:

# of seats _____ x $_______ = TOTAL: $_______

Method of Payment:  Visa  MC  AmEx  Check
Account #: ____________________________ Exp. Date: ___________________
Name as it appears on the card: _________________________

Updated on: 7/15/2011   AH