



Order Form  
for  
**Something's Afoot**  
Mar 23, 24, 25 (mat), 29, 30 — 2012



Please  
Print

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

CA Number (on your Activity Card): \_\_\_\_\_

Wheelchair Slot Yes  No

Process Date: \_\_\_\_\_

Other special location request:

Performance

	Price	Number	Total
Fri Mar 23 evening <input type="checkbox"/>			
Sat Mar 24 evening <input type="checkbox"/> Non-member	\$23.00	× _____ =	_____
Sun Mar 25 matinee <input type="checkbox"/> Member	\$21.00	× _____ =	_____
Thu Mar 29 evening <input type="checkbox"/> Flex Certificate Redemption		× _____	<u>0.00</u>
Fri Mar 30 evening <input type="checkbox"/>			
<b>TOTAL</b>		_____ \$	_____

STAFF USE ONLY: Seats:

- Cash or check to **SCCT** is enclosed
- Please charge my Association Account

*Signature of Requestor*

For an email order, complete this form and email it to: [louiseleonhardt92@gmail.com](mailto:louiseleonhardt92@gmail.com).

For mail order complete this form, with payment (check or charge), and mail with a stamped envelope addressed to yourself, to:

Sun City Community Theatre  
198 Okatie Village Dr #103-310  
Bluffton, SC 29909

Staff Use Only

Initial Patron Data: \_\_\_\_\_ Complete Patron Data: \_\_\_\_\_ File Number: \_\_\_\_\_