



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"/>	TOTAL	_____ \$	_____

STAFF USE ONLY: Seats:

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

Signature of Requestor

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: _____