



# Order Form for

## Follies 2012

Sep 6, 7, 8, 9 (mat) — 2012



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

Phone: (    ) \_\_\_\_\_

Please  
Print

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

Wheelchair Slot Yes  No

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

Other special location request:

### Performance

	Price	Number	Total
Thu Sep 6 evening <input type="checkbox"/>			
	Non-member \$20.00	× _____ =	_____
Fri Sep 7 evening <input type="checkbox"/>			
	Member \$18.00	× _____ =	_____
Sat Sep 8 evening <input type="checkbox"/>			
	Flex Certificate Redemption	× _____ =	<u>0.00</u>
Sun Sep 9 matinee <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 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: \_\_\_\_\_