



Order Form
for
The Pajama Game
Jun 22, 23, 24 (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

Fri Jun 22 evening
Sat Jun 23 evening
Sun Jun 24 matinee
Fri Jun 29 evening
Sat Jun 30 evening

Non-member
Member
Flex Certificate Redemption

Price	Number	Total
\$23.00	× _____ =	_____
\$21.00	× _____ =	_____
	× _____ =	0.00
TOTAL	_____ \$	_____

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.

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: _____