



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

| | Price | Number | Total |
|---|---------|-----------|-------------|
| Fri Jun 22 evening <input type="checkbox"/> | | | |
| Sat Jun 23 evening <input type="checkbox"/> Non-member | \$23.00 | × _____ = | _____ |
| Sun Jun 24 matinee <input type="checkbox"/> Member | \$21.00 | × _____ = | _____ |
| Fri Jun 29 evening <input type="checkbox"/> Flex Certificate Redemption | | × _____ = | 0.00 |
| Sat Jun 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: _____