



Order Form

for

Over the River and Through the Woods

Nov 8, 9, 10, 11 (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 Nov 8 evening	<input type="checkbox"/>			
		Non-member	\$20.00 × _____ =	_____
Fri Nov 9 evening	<input type="checkbox"/>			
		Member	\$18.00 × _____ =	_____
Sat Nov 10 evening	<input type="checkbox"/>			
		Flex Certificate Redemption	× _____ =	<u>0.00</u>
Sun Nov 11 matinee	<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: _____