

RAGGED EDGE COMMUNITY THEATRE
"TAKE A SEAT IN THE SPOTLIGHT"

NAME: _____

ADDRESS: _____

PHONE: _____

Please complete a separate form for each seat being purchased.

Row A Seats @ \$250.00 each ~ **SOLD OUT**

Row B/C Seats @ \$250.00 each ~ _____

Row D/E Seats @ \$200.00 each ~ _____

Row F/G Seats @ \$150.00 each ~ _____

Row J/H Seats @ \$100.00 each ~ _____

Row K/L Seats @ \$ 50.00 each ~ _____

Name/Wording as you would like the engraving to appear on the seat plaque.
Please print and be exact!

Method of Payment:

_____ Check (enclosed). Please make payable to Ragged Edge Community Theatre.

_____ Bill my credit card for the entire amount.

Please charge by __ Visa __ Mastercard __ American Express __ Discover

Name on Card: _____

Card #: _____

Expiration Date: _____ Security Code: _____

Signature _____