

2011 SEASON CONTRIBUTION APPLICATION

NAME _____

ADDRESS _____

CITY/STATE _____

EMAIL ADDRESS _____

PHONE _____

AMOUNT \$ _____

PERFORMANCE OF CHOICE (ASSOCIATES AND SUPPORTERS INDICATE WHICH SHOW YOU WISH TO ATTEND;

PRESENTERS PLEASE INDICATE WHICH SHOW YOU WISH TO PRESENT): DEARLY DEPARTED ONCE UPON A MATTRESS

AND THEN THERE WERE NONE BIG BAD MUSICAL BEYOND THE GLORIOUS GARDEN ANNIE

SEASON TICKETS (PATRONS AND UP RECEIVE 2; PRESENTERS RECIEVE 4) SEATING PREFERENCE:

ROW___ SEAT #s___ PERFORMANCE DAY FRI SAT SUN

PERFORMANCE WEEKEND 1ST 2ND

KIDS' CAMP PERFORMANCE DATE FRI 6/24 SAT 6/25 SUN 6/26 MON 6/27 TUE 6/28

DINNER THEATRE PERFORMANCE DATE THU 9/22 FRI 9/23 SAT 9/24