

CAPITOL THEATRE

# Personalized Brass Seat Plates

## Great Gift or Tribute Idea!

Be a permanent part of the historic Capitol Theatre with a personalized engraved brass plate mounted on the arm of one or more theatre seats.



### NAME A SEAT PRICES

\$125 – Balcony

\$250

\$250

\$500

\$500

S T A G E



# ORDER FORM

Underwriting a Capitol Theatre seat(s) is an original way to:

- Celebrate a marriage, anniversary, birthday or other occasion.
- Honor a special person.
- Pay Tribute to a family member, friend or colleague.

**Yes!** I would like to underwrite a seat(s) to be a permanent part of the historic Capitol Theatre.

### Donor Information:

Name: (Donor or Company Contact) \_\_\_\_\_

Company Name: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Email: \_\_\_\_\_

Underwriting a seat(s) is a naming opportunity and does not assure that you will be able to reserve these same seats for all shows that you attend. Limited seating availability makes this impossible.

\*The specific location of the seats(s) you write is "subject to availability."

### Quantity/Section of Seats:

\*I would like to request the following # of seats in the section noted.

\_\_\_\_ #Seats \$500.00 section      \$\_\_\_\_\_ Total Cost

\_\_\_\_ #Seats \$250.00 section      \$\_\_\_\_\_ Total Cost

\_\_\_\_ #Seats \$125.00 section      \$\_\_\_\_\_ Total Cost

\_\_\_\_ TOTAL #SEATS      \$\_\_\_\_\_ GRAND TOTAL

### Inscription:

(Please PRINT your message on 2nd & 3rd Lines using no more than 24 characters. Each letter, space and punctuation mark count as a character.)

**1st Line:** (circle one) Given By      In Memory Of      In Honor Of

**2nd Line:** \_\_\_\_\_

**3rd Line:** \_\_\_\_\_

For additional seats, please list the Third Line for inscription on separate paper following the format above and attach.

### Please mail your completed form and payment to:

Attention: Seat Sales Program

Capitol Theatre Center 159 S. Main Street Chambersburg, PA 17201

**Checks should be made payable to:** Capitol Theatre Center

**Credit Card Payment:** \_Visa    \_MasterCard    \_Discover

**Credit Card #** \_\_\_\_\_

**Credit Card Expiration:** \_\_\_\_\_

**Credit Card Total Payment:** Please charge my credit card for the GRAND TOTAL of \$ \_\_\_\_\_

**QUESTIONS? CALL (717) 263-0202.**