



DATE : _____

Avoid 5% processing fee- Pay by check
and mailing your check payable to Stage Left Players to
PO Box 178, Kensington OH 44427

NAME : _____

EMAIL: _____

ADDRESS : _____
STREET CITY STATE ZIP

FLEX PASS

QTY ADULT

QTY ST/SR

TOTAL \$

Pick 3 Flex Pass- Any 3 Shows/Events	x \$30	x \$25	\$
Pick 5 Flex Pass- Any 5 Shows/Events	x \$55	x \$45	\$
Pick 7 Flex Pass- Any 7 Shows/Events	x \$75	x \$60	\$

I WANT TO BE A PATRON FOR THE 31ST SEASON!

Thank you for becoming a Stage Left Patron!
Check the box next to your tax deductible donation (Fed Tax ID 34-1726995)

<input type="checkbox"/> Act One - additional \$50-\$99 <input type="checkbox"/> Act Two- additional \$100-\$199 <input type="checkbox"/> Footlight- additional \$200-\$499 <input type="checkbox"/> Spotlight- additional \$500-\$750 <input type="checkbox"/> CurtainCall- additional \$751-\$1499 <input type="checkbox"/> Super Star- \$1500 and above		\$
Program Listing-		
Pay by check and avoid a 5% processing fee		TOTAL \$

CHECK #