STAGE LEFT COMMUNITY ARTS CENTER

DATE :

Mail 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 $
Youth Flex Pass- 3 Youth Shows	x $30	x $25	$
Pick 5 Flex Pass- Any 5 Shows	x $55	x $45	$
Pick 7 Flex Pass- Any 7 Shows	x $75	x $60	$
I WANT TO BE A PATRON FOR THE 30TH SEASON!			
Level- ☐ Act One ☐ Act Two ☐ Footlight ☐ Spotlight ☐ SuperStar			$
CHECK #		**TOTAL**	$

Thank you for joining us for our 30th Season!
Together we can inspire, transform and create community through the Arts!

(You may also purchase Flex Passes online at www.StageLeftPlayers.org)