

NAME A SEAT REGISTRATION FORM

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: HOME _____ BUSINESS _____

E-MAIL ADDRESS _____

Print your name as you would like it to appear on the seats – **limit of 25 characters per seat.**
(spaces = characters)

SEAT 1 _____

SEAT 2 _____

SEAT 3 _____

SEAT 4 _____

ESCHER AUDITORIUM:

Main Floor # _____ of seats at: \$1,000 each = \$ _____

First Balcony # _____ of seats at: \$750 each = \$ _____

Second Balcony # _____ of seats at: \$500 each = \$ _____

GORECKI THEATER: # _____ of seats at: \$500 each = \$ _____

COLMAN THEATER: # _____ of seats at: \$250 each = \$ _____

TOTAL SEATS # _____ **TOTAL** \$ _____

Preferred Location (if any) _____

MAIL TO: BOX OFFICE – BENEDICTA ARTS CENTER
COLLEGE OF SAINT BENEDICT
37 S. COLLEGE AVE.
ST. JOSEPH, MN 56374

OFFICE USE ONLY:

FILLED BY _____

DATE _____