

THE EVERETT THEATRE

HELP RESTORE THE BALCONY
RESTORE A THEATRE CHAIR

DATE _____

Name _____

Email _____

Address _____

Name on Chair _____

Name on Chair _____

Phone _____

Name on Chair _____

Method of Payment

Check

Cash

Quantity _____

@ \$ \$200.00 each

Sub Total _____

Total:\$ _____

Signature _____

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