

This Seat Is Taken!
Surflight Theatre's Seat Naming Form

Name:

Address:

Telephone Number: _____ **Date:**

Cost: \$350.00

**Please fill out the form below exactly as you want it to appear on the engraved plate
that will be affixed to the arm of the seat.**

**Please indicate which of the available seats you would like.
A list and seating chart are provided on the following page.**

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_____ My check is enclosed and made payable to Surflight Theatre.

_____ Please charge my credit card: _____ VISA _____ Mastercard _____ Discover

Account #: _____

Expiration Date: _____

Cardholder's Name: _____

Send To: Surflight Theatre
Attention: Brooke Salvanto, Development Director
P.O. Box 1155
Beach Haven, NJ 08008

*Questions? Call Brooke at 609-492-9477 ext. 301 or email brooke@surflight.org

Available Seats:

A: Sold Out

B: Sold Out

C: 3

D: 23, 24, 25, 26, 27, 28, 29, 30

E: 4, 8, 23, 24, 25, 26, 27, 31, 32, 33

F: 2, 3, 4, 5, 6, 7, 8, 13, 14, 15, 16, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32

G: 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 16, 17, 18, 21, 22, 23, 24, 25, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38

H: 1, 2, 3, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 25, 27, 28, 29, 32, 33, 34, 35, 36, 37

J: 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33

K: 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27,28,29,30,31, 32,33,34,35,36,37,38

L: 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24,25,26,27,28,29,30,31, 32,33,34,35,36,37,38

M: 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 20, 21,22,23,24,25,26,27,28,29,30,31, 32,33,34,35,36,37,38,39

N: 1 thru 41

INCLUDEPICTURE "http://www.surflight.org/seating%20LO.jpg" *
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