



Take a Seat Registration Form

Name _____

Address _____

City _____ Postal Code _____

Phone _____

Email _____

Name(s) to be honoured on a seat plaque(s). \$100 per seat.

1. _____

2. _____

3. _____

Total donation: \$ _____ I wish to receive a tax receipt

Seats are assigned as the donations are received.

Please make cheque payable to “Theatre Ancaster” and send to:

Theatre Ancaster’s Take a Seat Campaign
42 Elm Hill Blvd.
Ancaster, ON
L9G 2V1

Theatre Ancaster is a registered charity, committed to bringing quality musical theatre to the Ancaster and Hamilton Community.