

# 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 chairs – limit of 25 characters per seat.  
(spaces = characters)

SEAT 1 \_\_\_\_\_

SEAT 2 \_\_\_\_\_

SEAT 3 \_\_\_\_\_

SEAT 4 \_\_\_\_\_

## PETTERS 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 \$**\_\_\_\_\_

Location preferred \_\_\_\_\_

\_\_\_ CHECK ENCLOSED. (Please make checks payable to College of Saint Benedict)

\_\_\_ CHARGE TO CREDIT CARD:

\_\_\_ MASTERCARD

\_\_\_ VISA

\_\_\_ DISCOVER

\_\_\_ CSB/SJU ID

ACCOUNT # OR ID# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

OFFICE USE ONLY:

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

FILLED BY \_\_\_\_\_

DATE \_\_\_\_\_