



Office use only:  
Application #

## Application Form

### Take A Seat!

*Arden Theatre/Cultural Services*

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle level: **Centre Stage \$1,000**      **Spotlights \$500**      **Footlights \$250**

Seat location: *Preferred row letter and seat number (Please refer to seat map)*

Row (A - P) \_\_\_\_\_

Seat # \_\_\_\_\_

*Please provide the following information upon submission of the application form:*

- ✦ *Complete application form*
- ✦ *Copy of the plaque inscription with authorization signature*
- ✦ *Payment:*  
*If paying by cheque please make the cheque payable to the City of St. Albert.*

**Credit Card information:**

Card number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

