## ADOPT A SEAT ORDER FORM

To a	dopt a seat, please complete this o	order form and <b>FAX</b> to 816-363		llowing three methods:	
MAIL to	Starlight Theatre  ATTN: Adopt E-MAIL	0	n ■ 4600 Starlight Roa Økcstarlight.com	d • Kansas City, MO 64132	
Your Name					
Address					
City/State			ZIP		
Phone					
E-mail Address _					
□ I wish to adopt # of seats:	ANY SEAT(s) at Starlight The	eatre for <u>\$250 e</u>	each		
<ul> <li># of seats:</li> <li>Specific location</li> <li>Section</li> <li>Row</li> <li>Seat(s)</li> </ul>					
	s payable to Starlight Theatre. rd, please provide the informatior	n below:			
Credit Card:	□ American Express	🗆 Visa	Discover	□ Mastercard	
Credit Card Num	ber:				
Name on Credit (	Card:				
Expiration Date:	Cardholde	er Signature:			

Because this contribution will be earmarked to the Starlight Theatre Annual Fund, I authorize Starlight to include this gift commitment in its internal reports, published materials, annual reports and/or public releases.

Inscription – Please print clearly! One form per inscription, additional forms available at kcstarlight.com or copy this form. Messages may include up to 16 characters per line, for a total of 32 characters. All characters will be UPPER CASE. Spaces count as one (1) character each. You may use letters, numbers and/or the following three symbols: & / - (ampersand, slash or a dash). Each of these symbols counts as one character. No other punctuation may be used, including periods.

_								
								1
								1
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								1
-								
								1
								1
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								1

EXAMPLE

Μ	R		&		Μ	R	S		R	U	D	0	L	Р	Η
V	Α	L	Е	Ν	Т	Ι	Ν	0							

Seat adoptions are available on a first-come, first-served basis. Name plaque placements are guaranteed for 10 years from seat installation date. Once name plaques are installed on seats, they cannot be relocated. Starlight reserves the right to refuse inappropriate name placards.