Program PATRON Listing Contract

AHS Spring Production of

***Once Upon a Mattress***

## March 2024 AHS Theatre

**AHS Theatre Student Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Patron Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Examples of Patron listings:**

 **The Julien Family**

**Mr. Josiah Wheeler**

**Eva Mendoza, D.D.S.**

**Mr. and Mrs. Penny Cortes**

##### Lucia, Luca, Louis, Lucy Chacon

***--no messages or advertisements in patron listings, please--***



**Please print your patron entry on the line below:**

 ***(Limit names to 30 characters including spaces)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make your **check payable** to:

**AHS DRAMA DEPARTMENT**,

6520 Freetown Rd, Columbia, MD 21044 (410) 313-7065

### ***Detach for Receipt***

**Received from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ (please indicate cash or check number #\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in payment for a patron listing in the program for the AHS production of *Once Upon a Mattress* to benefit the AHS Theatre Department.**

#### **Thank you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### AH**S** Theatre **student representative**