

## **2024 MAIL ORDER FORM**

Name(s):				
Address:				
City:		State Province:	Postal Code: _	
Email:		Phone:		
	Ticket Type Per Person	Advance Price Before 3/25/24	Amounts	
		40-	<b>.</b>	

Ticket Type Per Person	Advance Price Before 3/25/24	Amounts
DOOR	\$35 x	\$
ADVANCE	<b>\$30</b> x	\$
SENIOR	S & VETERANS	
DOOR	<b>\$25</b> x	\$
ADVANCE	\$20 x	\$
De	ONATION	\$
%	MAIL TO: ene Scholarship Concert Candi Sawyer P.O. Box 10 ster Station, VT 05159	TOTAL \$
	HECKS PAYABLE TO: ene Scholarship Concert	<b>T</b>

## **NOTES:**

- Theater has limited seating.
- Canadian Checks Payable in US Funds.
- Price is Per Person.

## **MUST BE POSTMARKED BEFORE 3/25/24**

WWW.SMOKEYGREENESCHOLARSHIPCONCERT.COM