

CONCERT ORDERS & VOLUNTEER SIGN UP

Please turn in by June 8

Student(s) Name(s): _____

Parent's Name: _____

Best Phone Number: _____

Email address: _____

VOLUNTEER SIGN UP

Please place a #1 by your first choice, #2 by your second, etc. For more information, please see the Concert Packet pg.7 or come in!
If you are willing to do more than one, please place a number 1 by all choices. Thanks!

		CHAPERONE	STAGE ASSISTANT	STRONG ASSISTANT	BACKSTAGE RUNNER	ADDITIONAL HELP	USHER & TIDIER	CHECK IN/OUT & USHER	LOBBY HELP	LOAD IN AND SET UP	SATURDAY NIGHT BREAK DOWN	CAST PARTY HELPER	SPOTLIGHTER	VOLUNTEER LEADER	HEAD OF PROPS	CHAPERONE LEADER
Thurs 6/20	Load In and Scenery Set Up 8:00-12:00	x	x	x	x	x	x	x	x		x	x	x	x	x	x
	Dress Rehearsal for Junior Classes		x	x			x	x	x	x	x	x	x	x	x	x
	Dress Rehearsal for Senior Classes						x	x	x	x	x					x
Fri 6/21	Friday Night Performance									x	x	x				
	Saturday Matinee Performance									x	x	x				
Sat 6/22	Saturday Evening Performance									x	x	x				
	Saturday Night Break Down	x	x	x	x	x	x	x	x	x		x	x	x	x	x
	Cast Party Helper	x	x	x	x	x	x	x	x	x	x		x	x	x	x

OPTIONAL ITEMS TO PRE-ORDER

Please see Concert Packet (Page 8) for more details!

To receive these prices, orders must be received by June 8

SOUVENIRS & GIFTS	DESCRIPTION	PRICE	QUANTITY		TOTAL ITEMS	TOTAL PRICE
			FRI NIGHT	SAT MATINEE	SAT NIGHT	TOTAL PRICE
	"Key to the Hidden Treasure" Souvenir Necklace	\$8				
	1 Rose Bouquet	\$6				
	3 Rose Bouquet	\$12				
CONCERT RECORDING	Concert DVD's	\$30			TOTAL ITEMS	TOTAL PRICE
	Flash Drive Recording	\$30			TOTAL ITEMS	TOTAL PRICE
CONCERT T-SHIRTS	Youth Concert T-Shirt with Cast Names' & GBC Logo	\$13	SIZE	SIZE	TOTAL ITEMS	TOTAL PRICE
	Adult Concert T-Shirt with Cast Names' & GBC Logo	\$16	SIZE	SIZE	TOTAL ITEMS	TOTAL PRICE

All items must be Pre-paid!

To receive Pre-Order Prices, form must be turned in by June 8

TOTAL COST	
TAX (x .0785)	
TOTAL DUE	

FOR OFFICE USE- DATE RECEIVED _____

FORM OF PAYMENT:

Cash

Checking Acct on File New Credit Card

Credit Card on File Check

Last 4 digits _____ Autopay

SD- Be sure to double check that the correct amount was paid

Charge Entered By _____ Date _____

Payment Entered By _____ Date _____

OTHER:

Entered on Master List By: _____ Date _____

NECKLACE:

Rec'd _____ DATE RECEIVED _____

FORM OF PAYMENT:

Cash (please attach)

Check (please attach)

New Credit Card (please call or come in)

Checking Acct on File Last 4 digits _____

Credit Card on File Last 4 digits _____

SIGNATURE REQUIRED FOR AUTOPAY & CC
