Genesius Theatre
Seat Name Reservation Form

Item	Qty	Price	Total
Seat Name Reservation		$250	

Total Amount Due = $

Contact Name _____ _____

Address _____ _____ _____ _____

Telephone _____ _____ _____ _____

Email _____ _____ _____ _____

Plaque:

2 lines, 20 letters

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☐ Check or money order payable to Genesius Theatre

☐ Visa ☐ Mastercard ☐ AmEx ☐ Cash

Card Number _____ _____ _____

Expiration Date _____ V-Code _____

Name as it appears on card _____

Date Processed _____ By_____ Reservation # _____

Special Instructions / Other Information _____

Mail to: Genesius Theatre Seat Plaques, PO Box 6564, Wyomissing, PA 19610

Contact Jamie Howard (212-203-9422 or jamiehoward@me.com) for more info