



THS Stars Come Home

In partnership with the THS HSA

SEAT NAMING RIGHTS ORDER FORM

FIRST NAME _____

LAST NAME _____

MAILING ADDRESS _____

PHONE _____

EMAIL _____

Please indicate the number of name plates you would like to purchase. Each plaque will be featured in the section of the auditorium you select below:

PREMIUM ORCHESTRA SEATS (CENTER): # of plaques ____ @ \$335 Total \$ _____

ORCHESTRA SIDE SEATS: # of plaques ____ @ \$250 Total \$ _____

HOUSE SEATS: # of plaques ____ @ \$175 Total \$ _____

In the space below, please print the name of the honoree(s) as you would like the name(s) to appear on the Name Plate:
(2-line maximum)

Use additional space on back if needed.

Additional Gratefully Accepted Donations! \$ _____

Payment Included, Check # _____ in the total amount of \$ _____

Make checks or money orders payable to **THS STARS BENEFIT.**

Questions? E-mail thsstarsbenefit@gmail.com

Mail this form to :
The Stars Come Home
Tenafly High School
19 Columbus Drive
Tenafly, NJ 07670
Attn: Susan Tall

Thank you for your generous support!