

FL Chautauqua Theatre Commemorative BRICK/SEAT
Order Form

Please fill out a complete form for **EACH** Brick and/or Seat

Your Name:

Address:

City/State/Zip Code:

Phone: _____

Purchasing:

____ Brick _____ Seat

Wording:

Maximum of 3 lines; no more than 15 characters **per line** (you must count letters, spaces and symbols as a CHARACTER)

Mail your form(s) and check to:

The Florida Chautauqua, Inc.

PO Box 847

DeFuniak Springs, FL 32435