



Kelly Circle Registration

ORGANIZATION NAME: _____

CONTACT PERSON: _____

TITLE: _____

PHONE #: _____ FAX #: _____

EMAIL: _____ *(You may receive Pittsburgh CLO and Kelly Circle updates)*

ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ADDRESS WHERE TICKETS ARE TO BE MAILED: Check here if same as above.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Reason for mailing to a different address: _____

MAIN POPULATION SERVED (Please select only one of the following):

- Seniors
- Handicapped
- Students (K-12)
- Low Income
- Students (College)
- Other (specify) _____

WHO USES THE TICKETS?: _____

PREFER TO PARTICIPATE IN:

- Summer Season
- A Musical Christmas Carol*
- Cabaret Theater
- All performances

Please return with (1) a copy of your 501(c)3 letter and (2) a sheet of your letterhead to:

Pittsburgh CLO Kelly Circle Program
719 Liberty Avenue
Pittsburgh, PA 15222

pittsburghCLO.org

