

# Theatre Jacket Patch Order Form

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**Directions:** Please fill in for each patch the title of the show as well as the role you want to have embroidered onto in. Place one letter in each box. Keep in mind that on each **patch there are 4 lines available overall with 16 characters per line** .

1. Patch #1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

2. Patch #2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Payment (due at time of ordering)**

**Number of Patches** \_\_\_\_\_ **@ \$15 each = \$** \_\_\_\_\_

(If using multiple forms, just add up the total onto one form and staple all of the forms together)

**Make checks payable to Lake Central Theatre.**

**Deadline for the current order: October 25.**  
**THERE WILL NOT BE ANOTHER ORDER PLACED**  
**UNTIL THE SPRING!**