



Please remit this form and payment to
Seven Stars Arts Center,
PO Box 216,
Sharon VT 05065

Make Checks Payable to: SSAC

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____

Email: _____

What is your payment for? *(event date, event name, quantity.....)*

You will receive confirmation of receipt by email or phone.

Seven Stars must receive form and payment
by registration dead line or 2 days prior to concerts.