

1914 WALTON THEATRE

Be Part of the Restored Balcony

Add Your Name to a New Seat.

Yes, I wish to purchase _____ seats @ \$100

Signature _____

Enclosed \$100 _____ Bill me Later _____

Name _____

Address _____

Email _____

Phone _____

To Appear on Seat:

Walton Theatre Preservation Assoc., PO Box 1, Walton, NY 13856