



*AJT's Annual Benefit  
Performance  
Saturday Night Fever  
with Ball in the House*



I would like to support Alaska Junior Theater by purchasing:

- ☐ Individual Tickets: \_\_\_\_ Youth ticket(s) at \$65 and \_\_\_\_ Adult Ticket(s) at \$85.  
Ticket Total \$ \_\_\_\_\_
- ☐ I already purchased my Show Ticket and need to upgrade to a  
Benefit Ticket - \$50 x # of tickets \_\_\_\_ = Total Amount \$ \_\_\_\_\_
- ☐ An AJT Row Sponsorship for 10 people for a total of \$950.  
(Please list your guests on the reverse of this card.)
- ☐ I would like to donate \$ \_\_\_\_\_ to Alaska Junior Theater.

Name: \_\_\_\_\_ Company \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- ☐ My check for \$ \_\_\_\_\_ payable to Alaska Junior Theater is enclosed.  
Mail to AJT - 430 W. 7th Ave Ste 210, Anchorage, AK 99501

Charge my ☐ MasterCard ☐ Visa - A 2% fee will be added with credit payment.

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card \_\_\_\_\_ Amt to Charge \$ \_\_\_\_\_

Signature \_\_\_\_\_ Email to: [Lainie@akjt.org](mailto:Lainie@akjt.org) or fax 907-272-3035

# **2026 AJT Annual Benefit Performance Guest List (10 people per row for sponsors)**

(please send all names, address, phone and email of each guest/couple)

Name: \_\_\_\_\_

Contact info \_\_\_\_\_

Name: \_\_\_\_\_

Contact info \_\_\_\_\_

Name: \_\_\_\_\_

Contact info \_\_\_\_\_

Name: \_\_\_\_\_

Contact info \_\_\_\_\_

Name: \_\_\_\_\_

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Name: \_\_\_\_\_

Contact info \_\_\_\_\_

Name: \_\_\_\_\_

Contact info \_\_\_\_\_

Name: \_\_\_\_\_

Contact info \_\_\_\_\_

Please send AJT this list of names by March 17th. To reduce your guests' check-in time, also send their address, phone and email information.