

St. Paul Community MAAFA Commemoration Resource Center

Sponsored by

St. Paul Community Baptist Church

859 Hendrix Street, Brooklyn, New York 11207

Rev. David K. Brawley, Pastor-Elect

Rev. Dr. Johnny Ray Youngblood, Founder

Kim D. Jones, Administrative Coordinator / Yvonne L. Hildmon, Fiscal Coordinator

Tel.: (718) 257-2884 or (718) 257-1300 ext. 178 or 174; Fax: 718-535-0449

2009 Ticket Sales By Mail

THE MAAFA SUITE...A Healing Journey®

PAYMENT BY CERTIFIED CHECK OR MONEY ORDER ONLY. PLEASE MAKE CHECK PAYABLE TO: ST. PAUL COMMUNITY BAPTIST CHURCH. The ticket donation is the same regardless of age. No group rates available. All tickets sales are *FINAL*. (No exchanges or refunds). Tickets will **NOT** be mailed. All tickets *must* be picked up prior to the performance. If tickets for the Sanctuary are sold out you will be called to confirm the purchase of tickets for the Chapel* or the Rehearsal Hall*. **PLEASE ARRIVE EARLY.** **Guests will be seated on a first come, first serve basis.** We reserve the right to reserve seating areas for Pastor's guests and visiting groups. Group seating will be held up to 15 minutes after doors opening. **Please write "MAAFA" on the outside of the envelope.**

Performance Dates: Sep. 20th @ 6:00 PM and Sep. 21st, 24th, 25th @ 7:00 P.M.

Performance Date Requested _____

Orchestra Sanctuary Seating: \$50.00 (each) x _____ (Number of tickets) = \$ _____

Mezzanine Sanctuary Seating: \$30.00 (each) x _____ (Number of tickets) = \$ _____

General Outer Room Seating*: \$20.00 (each) x _____ (Number of tickets) = \$ _____

Name of Requestor _____

Organization _____

Address _____ **Apt. #** _____

City _____ **State** _____ **Zip** _____

Home Tel. # (____) _____ Work Tel. # (____) _____ ext _____

Cell # (____) _____ Fax # (____) _____

E-Mail Address _____

Name of Person Picking Up Tickets (Must have photo identification) _____

* Viewing on a monitor and/or projection screen

For St. Paul Community Baptist Church Use Only

We acknowledge the receipt of your certified check/money order number _____ dated _____ in the amount of _____ for the purchase of _____ ticket(s) numbered _____ thru _____ for the performance on _____.

Name of Person Notified _____ **Date** _____

Processed by: _____ **Date:** _____