

OFFICE USE ONLY Order Date: _____
 Renewal New Order #: _____
 Processor: _____ Date: _____
 Order Token: _____
 Sent Confirmation
 FILE NAME: _____

CONTACT INFORMATION

ACCOUNT #: _____

Patron 1's Prefix: _____ Name _____

Patron 2's Prefix: _____ Name _____

Address: _____

City: _____ State: _____ ZIP: _____

Patron 1's Email: _____

Patron 2's Email: _____

Company I/We work for (helps when we seek funding): _____

SUBSCRIPTION PACKAGES <i>(Select applicable day & week)</i>	PRICE	QTY			TOTALS
FLEX-PASS (ANY PERFORMANCE)	\$140	x		=	\$
OPENING NIGHT	\$140	x		=	\$
SATURDAY NIGHT <input type="radio"/> 1ST <input type="radio"/> 2ND <input type="radio"/> 3RD	\$140	x		=	\$
WEEKEND <input type="radio"/> FRI <input type="radio"/> SAT MAT** <input type="radio"/> SUN & <input type="radio"/> 1ST <input type="radio"/> 2ND <input type="radio"/> 3RD	\$110	x		=	\$
SENIOR WEEKEND <input type="radio"/> FRI <input type="radio"/> SAT MAT** <input type="radio"/> SUN & <input type="radio"/> 1ST <input type="radio"/> 2ND <input type="radio"/> 3RD	\$100	x		=	\$
WEEKDAY <input type="radio"/> WED <input type="radio"/> THURS & <input type="radio"/> 1ST <input type="radio"/> 2ND <input type="radio"/> 3RD	\$95	x		=	\$
SENIOR WEEKDAY <input type="radio"/> WED <input type="radio"/> THURS & <input type="radio"/> 1ST <input type="radio"/> 2ND <input type="radio"/> 3RD	\$90	x		=	\$
PREVIEW THURSDAY	\$70	x		=	\$

SHOW TIMES: WED, THURS, FRI @ 8PM • SAT, 3PM** & 8:30PM • SUN @ 5PM **No SAT MAT the 1ST week of each show.

CONTRIBUTION

(ASK:) Would you like to become a **STAR SUBSCRIBER** by making a tax-deductible contribution!

Select: \$50 \$100 \$200 \$300 \$500
 \$1,000 Other: \$ _____

How should your name appear in the program?

Accept benefits Decline benefits

TOTALS

Subscription Total: \$ _____

~~*Sales Tax (8.9%)~~ **Pre-Sale Renewal Discount**

Suggested Contribution: \$ _____

TOTAL DUE: \$ _____

PAYMENT OPTIONS

Charge card #: _____ Exp: _____ CVV: _____

Name on card: _____ Card Zip Code: _____

SPECIAL REQUESTS **(ASK:)** Are special seating needs required?

No stairs 2nd row is okay Require a right aisle seat Require a left aisle seat

Reason for request: _____

Wheelchair Will transfer to seat

(INFORM:) Subscribers enjoy seats reserved in the center section. We do our best to reserve seats for patrons with special seating needs, but accessible seating is limited. We will reserve a seat for the patron with the need and up to one (1) guest. We cannot guarantee specific seats. **Please specify your need below:**

(ASK:) Do you need the same dates as another subscriber? If yes list name(s): _____

— If this order includes packages for additional patrons, please complete the back of this form. —

Look for show announcements & reservation reminders in your email. Your tickets will be at the Box Office.

PRE-SALE PRICES EXPIRE DECEMBER 31, 2017.