Tahlequah Community Playhouse

37th Season Ticket Order Form

2010-2011

1. **Season Ticket Order (Long Form).** **Total cost of season tickets = $________**

____ Adult ($70 each) ____ Student ($50 each) ____ Child (age 12 and younger) ($40 each)

Fridays/Saturdays - doors open 6:30 pm and show begins 7:30 pm; Sundays - doors open 1 pm and show begins 2 pm.
Put a ‘1’ by your first choice of dates and a ‘2’ by your second choice of dates (in case your 1st choice is sold out).

_____ First Friday evening series (September 24, November 12, February 11, April 1)

_____ First Saturday evening series (September 25, November 13, February 12, April 2)

_____ First Sunday matinee series (September 26, November 14, February 13, April 3)

_____ Second Friday evening series (October 1, November 19, February 18, April 8)

_____ Second Saturday evening series (October 2, November 20, February 19, April 9)

_____ Second Sunday matinee series (October 3, November 21, February 20, April 10)

Office Use Only:
Cash $________
Check $________
(Check #________)
Charge $

2. **YES**, **I want to do more! Please accept my gift of…** **Tax deductible Gift to TCP = $________**

_____ Platinum $100 or more _____ Gold $50 or more _____ Silver $25 or more _____ Bronze $10 or more

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~~<u>SHORT FORM for 2 Adults</u>: Enter a ‘1’ and ‘2’ date choice above and become an Underwriter~~

Underwriter ($200 or more; make a gift & get 2 Season Tickets) **Total enclosed = $________**
>>>

Name ____

Street ____

City ________________________________ State _______ Zip Code ____________________

E-mail ___________________________________ Telephone _______________________________

Season Tickets and letters acknowledging tax-deductible gifts will be mailed to the person and address above.

>Mail this form with payment to **TCP, PO Box 902, Tahlequah, OK 74465**, **<u>before July 1, 2010</u>**<

---**or**---

Take this form and charge (MasterCard or Visa) your season ticket(s) and tax-deductible gift at
A Cowboy Rose or *Morris-Crager Flowers & Gifts* (a non-refundable $4 fee per season ticket will apply).

Card Type (circle one): MasterCard VISA Card #______________________________

Expiration Date (Month)________ (Year)_________ Security Code from Back of Card _____

<u>Billing Information (if different from mailing information above)</u>

Name ____

Street ____

City ________________________________ State _______ Zip Code ____________________