

# THEATRE ARTS 2016/2017 SEASON ORDER FORM

## SEASON TICKET SUBSCRIPTION PLANS

PLAN		LEAVING	MUSIC MAN	SERVANT	HEIGHTS
<b>B</b>	Thurs Evenings	10/13	12/1	3/16	4/27
<b>C</b>	Fri Evenings	10/7	11/25	3/10	4/21
<b>D</b>	Sat Evenings	10/8	11/26	3/11	4/22
<b>E</b>	Sat Matinees	10/15	12/3	3/18	4/29
<b>F</b>	Sun Matinees	10/9	11/27	3/12	4/23

## SEASON TICKET FLEX PLAN \$60 FOR ALL 4 SHOWS

Create your own subscription package.  
 Choose a performance for each show now or wait to select them later.

<i>Leaving Home</i>	Date/Time
<i>The Music Man</i>	Date/Time
<i>Servant of Two Masters</i>	Date/Time
<i>In the Heights</i>	Date/Time

I'm not ready to select dates yet. Please send me vouchers.

## SINGLE TICKET PRICES

SINGLE TICKETS	PLAYS	MUSICALS
General	\$18	\$22
Student and Senior (62+)	\$14	\$16
Youth (12 under)	\$12	\$12
Group (15+)	\$14	\$16

## SINGLE TICKET ORDER

SHOW	TIME	DATE	# TICKETS	\$
				\$
				\$
				\$
				\$
				\$
<b>SINGLE TICKETS SUBTOTAL</b>				\$

## TICKET ORDER INFORMATION *Please print clearly:*

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

I would like to receive the SRJC Theatre Arts eNewsletter!


## SEATING PREFERENCE

If you have a seating preference (i.e. center, close to stage, aisle) please indicate below.  
 We will do our best to accommodate your request when available. Tickets are processed in the order received: \_\_\_\_\_

## SPECIAL NEEDS

- Wheelchair(s) in party # \_\_\_\_\_ # of companion seats \_\_\_\_\_  
 One or more members of our party has difficulty climbing stairs

## Season Tickets Subscription Order

I want # _____ Season Tickets of Plan _____ @ \$ _____ ea	\$
I want # _____ Season Ticket Flex Plan @ \$ 60 ea	\$
<b>SINGLE TICKETS SUBTOTAL</b>	\$
<b>I'd like to include a donation to support SRJC Theatre Arts!</b>	\$ 
<b>POSTAGE AND HANDLING CHARGE</b>	\$ <b>4.00</b>
<b>TOTAL ORDER</b>	\$

## PLEASE MAKE CHECKS PAYABLE TO **SRJC THEATRE ARTS** OR CHARGE:

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Billing address if not the same as above \_\_\_\_\_  
 Signature \_\_\_\_\_

Mail To: **SRJC Theatre Arts Box Office**  
**1501 Mendocino Ave, Santa Rosa, CA 95401**