

Season Ticket Order Form

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 E-Mail: _____



• CHECK IN AT THE DOOR AND WE'LL HAVE YOUR RESERVATION

Performance Day/Time: (choose one)

* Note - prices below are for Season Tickets,
 Single Tickets are \$2 higher

Please Check One Night Below!

- ◇ Opening Night (Friday at 7:25pm) \$10
- ◇ First Saturday (7:25pm) \$12
- ◇ First Sunday (1:55pm) \$12
- ◇ Second Friday (7:25pm) \$14
- ◇ Second Saturday (7:25pm) \$14
- ◇ Second Sunday Matinee (1:55pm) \$14
- ◇ 3rd (Only) Thursday performance (7:25pm) \$12
- ◇ 3rd (final) Friday (7:25pm) \$14
- ◇ 3rd (final) Saturday (7:25pm) \$14
- ◇ Closing Sunday Matinee (1:55pm) \$14

* Exchanges are allowed, just call or email us.

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TAKE ALL 6 SHOWS OR

BUILD YOUR OWN PACKAGE

Please check 5 shows below

- ◇ Ghost of a Chance
- ◇ To Gillian on her 37th Birthday
- ◇ Have Yourself a Crazy Little Christmas
 - ◇ No Exit
 - ◇ The Book Club Play
 - ◇ A Party to Murder

Number of Shows	Price for Night Chosen	Number of People	Season Ticket Price
_____	X _____	X _____	= \$ _____
Options:			
◆	OLT Membership (\$10/person).....		\$ _____
◆	General Fund Donation.....		\$ _____
◆	Other Donation (What _____).....		\$ _____
Total all lines Total Enclosed			\$ _____
REMOVE THESE 2 Pages and mail to			

Return this form to: Olympia Little Theatre
 PO Box 7882
 Olympia, WA 98507