

2009-2010 SEASON TICKET ORDER FORM

\$50 price means a saving of \$15 for the four shows! All orders must be received by August 25, 2009. Ordering as soon as possible is advised as preferable seating is given to the earlier order. If you want the same seats you had as your last season subscription, your order **MUST** be for the same performance day and time as before (e.g. first Fri. eve. series).

ALL TICKETS WILL BE SENT OUT BY SEPTEMBER 11. NO REFUNDS AFTER THE SEASON BEGINS!!

Indicate first, second & third choices in boxes below series. NOTE: Series may not be mixed.

Season Tickets: _____

| | Fri. Evening Series (8:00 p.m.) | | Sat. Matinee Series (2:00 p.m.) | Sat. Evening Series (8:00 p.m.) | | Sun. Matinee Series (2:00 p.m.) | |
|----------------------------|------------------------------------|--------------------------|------------------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|
| Stage Beauty | 10/09 | 10/16 | 10/17 | 10/10 | 10/17 | 10/11 | 10/18 |
| Good Woman/Szechwan | 12/04 | 12/11 | 12/12 | 12/05 | 12/12 | 12/06 | 12/13 |
| King Hedley II | 04/02 | 04/09 | 04/10 | 04/03 | 04/10 | 04/04 | 04/11 |
| Damn Yankees | 05/21 | 05/28 | 05/29 | 05/22 | 05/29 | 05/23 | 05/30 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

_____ x \$50/ea

TOTAL _____

If you were a season ticket holder, check here if you want the same seats _____.**
 **Remember, it must be for the *same series* as your previous tickets & for the same number of tickets.

Seating Preference:

Indicate
1st, 2nd & 3rd
Choices

(STAGE)
 Front (rows 1-4)
 Middle (rows 5-8)
 Back (rows 9-12)

Indicate 1st, 2nd & 3rd choices

Left
 Center
 Right

Although we try to give you your first choice series as well as your preferred seating, we are not always able to accommodate both requests. For these situations, please mark **ONE BOX ONLY** so that we will know how to proceed: Prefer first choice series Prefer seating preference

Any additional comments and/or specific requests regarding your order are welcome.

NAME _____ ADDRESS _____

CITY _____ ZIP _____ PHONE _____ EMAIL _____

Visa/Mastercard/AMEX _____ Expiration _____ Name on card _____

*Please mail this order form with your payment (check or money order made payable to Santa Monica College or credit card information) and a self-addressed, stamped business-size envelope to:

Judy Louff, Theatre Arts Dept., Santa Monica College, 1900 Pico Blvd., Santa Monica, CA 90405-1628.