

STEP 1: Contact Information

Name: _____
 Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Work Phone: _____
 E-mail: _____

STEP 2: Patrons Association (optional)

Choose your level of membership:

- Angel \$1,000 (up to 8 subscriptions at the Patron rate)
 Director \$500 (up to 6 subscriptions at the Patron rate)
 Benefactor \$250 (up to 4 subscriptions at the Patron rate)
 Friend \$150 (up to 2 subscriptions at the Patron rate)

Print your name as you want it to appear in the program

STEP 3: Choose Your Subscription

Option #1 (includes all 6 shows)

Level	Quantity	Price	Total
Patron		\$68	
Adult		\$98	
Senior		\$88	
Student**		\$51	
		Subtotal	\$

Special Seating Requests:

**Some Shows may not be suitable for students of all ages.

OR

Option #2 (choose at least 4 shows)

	The Violet Hour*	On The Town	The Velveteen Rabbit	Rent*	Hamlet	Totals
Patron	@\$12	@\$12	@\$12	@\$8	@\$12	@\$12
Adult	@\$17	@\$17	@\$17	@\$13	@\$17	@\$17
Senior	@\$15	@\$15	@\$15	@\$13	@\$15	@\$15
					Subtotal	\$

STEP 4: Circle Your Preferred Dates and Times

The Violet Hour*					On The Town					Waiting For Godot					The Velveteen Rabbit					
The Lab Theatre (General Admission)					The Fallon Theatre (Reserved Seating)					The Lab Theatre (General Admission)					The Fallon Theatre (General Admission)					
October					October/November					November					November					
Wed	Thu	Fri	Sat	Sun	Wed	Thu	Fri	Sat	Sun	Wed	Thu	Fri	Sat	Sun	Wed	Thu	Fri	Sat	Sun	
	1 7:30PM	2 8PM	3 8PM	4 2PM		22 7:30PM	23 8PM	24 8PM	25 2PM		5 7:30PM	6 8PM	7 8PM	8 2PM		18 7PM	19 7PM	20 7PM	21 2PM	22 2PM
7 8PM	8 8PM	9 8PM	10 8PM	11 2PM	28 8PM	29 8PM	30 8PM	31 8PM	1 2PM	11 8PM	12 8PM	13 8PM	14 8PM	15 2PM						

RENT*					HAMLET				
The Fallon Theatre (Reserved Seating)					The Lab Theatre (General Admission)				
February					February/March				
Wed	Thu	Fri	Sat	Sun	Wed	Thu	Fri	Sat	Sun
	11 7:30PM	12 8PM	13 8PM	14 2PM		25 7:30PM	26 8PM	27 8PM	28 2PM
17 8PM	18 8PM	19 8PM	20 8PM	21 2PM	3 8PM	4 8PM	5 8PM	6 8PM	7 2PM
24 8PM	25 8PM	26 8PM	27 8PM	28 2PM					

STEP 4A: New Horizons*

	Quantity	Price	Total
Pass		\$25	\$

Shaded dates are Patrons Nights

*Contains Mature Content

FOR OFFICE USE ONLY -

R'cvd _____/_____
 Acct# _____
 Excel _____/_____
 CTS _____/_____
 FD _____/_____
 Print _____/_____
 Mailed _____/_____

STEP 5: Choose Payment

Totals	
Donation (step 2)	\$
Tickets (steps 3 & 4)	\$
New Horizons (step 4A)	\$
Handling Fee	\$3.00
TOTAL	\$

Check # _____

Checks payable to:

- FSU - tickets only
 FSU Foundation
 w/donation

AmEx Discover* MasterCard Visa FSU Card

Card # _____

Signature _____ Exp. _____

*We cannot process orders that include donations on a Discover Card