

Ocala Civic Theatre 2011-2012 Subscriber Order Form

SIGNATURE SERIES

SIGNATURE SERIES RENEWAL INFORMATION

Renewal date for all current subscribers is **July 1, 2011**.

- Renew my Signature Series STANDING RESERVATION (same day/same seat).
- Renew my Signature Series FLEX PASS.
- Change from STANDING RESERVATION to FLEX PASS.
- Change from FLEX PASS to STANDING RESERVATION. (Describe change request below.)*
- Change my STANDING RESERVATION. (Describe change request below.)*

* Please select your performance day preferences (example: Any Friday, 2nd Thursday, 1st Saturday, etc.) from the Signature Series Standing Reservation Schedule.

First Choice: _____

Second Choice: _____

Please indicate your general seating preference (example: Rows A-F, closer to aisle, etc.).

SIGNATURE SERIES NEW SUBSCRIBER

- I am a new Signature Series subscriber.
- I prefer a FLEX PASS (make my own reservations, show by show).
- I prefer a STANDING RESERVATION (same day/same seat for each show).

Please select your performance day preferences (example: Any Friday, 2nd Thursday, 1st Saturday, etc.) from the Signature Series Standing Reservation Schedule.

First Choice: _____

Second Choice: _____

Please indicate your general seating preference (example: Rows A-F, close to aisle, etc.)

OVATION SERIES

OVATION SERIES RENEWAL INFORMATION

Renewal date for all current subscribers is **July 1, 2011**.

- Renew my Ovation Series STANDING RESERVATION (same day/same seat).
- Renew my Ovation Series FLEX PASS.
- Change from STANDING RESERVATION to FLEX PASS.
- Change from FLEX PASS to STANDING RESERVATION. (Describe change request below.)*
- Change my STANDING RESERVATION. (Describe change request below.)*

* Please select your performance day preferences - Option A, B, C, or D - from the Ovation Series Standing Reservation Schedule.

First Choice: _____

Second Choice: _____

Please indicate your general seating preference (example: Rows A-F, closer to aisle, etc.).

OVATION SERIES NEW SUBSCRIBER

- I am an Ovation Series new subscriber.
- I prefer a FLEX PASS (make my own reservations, show by show).
- I prefer a STANDING RESERVATION (same day/same seat for each show).

Please select your performance day preferences - Option A, B, C, or D - from the Ovation Series Standing Reservation Schedule.

First Choice: _____

Second Choice: _____

Please indicate your general seating preference (example: Rows A-F, close to aisle, etc.)

PLEASE NOTE: Seating preference is given to current subscribers, number of years as a subscriber, and donors.

Every effort will be made to place you in the section you request. If your choices are not available, you will be assigned the best available seats.

If you would like to sit with friends, all reservation forms must be submitted together.

FOR ADDITIONAL INFORMATION, PLEASE CALL 352-236-2274.

Ocala Civic Theatre 2011-2012 Subscriber Order Form

Please complete this form and return with payment to: Ocala Civic Theatre, 4337 East Silver Springs Boulevard, Ocala, Florida 34470

Name _____

Donors, please print your name **EXACTLY** as you want it to appear in the program (Mr. & Mrs. or Bob & Carol, etc.)

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Other Phone: _____ Best time to call: _____

E-Mail Address (please print legibly): _____

I would like to receive the Ocala Civic Theatre newsletter by e-mail. Yes No (It's FREE!)

For Office Use Only

STEP 1 · SIGNATURE SERIES (5 SHOWS)

I would like to order _____ Signature Series season tickets @ \$80.00: \$ _____

I would like to order _____ Junior (18-Under) Signature Series season tickets at \$40.00: \$ _____

STEP 2 · OVATION SERIES (3 SHOWS)

I would like to order _____ Ovation Series season tickets @ \$48.00: \$ _____

STEP 3 · SUPER 8 DISCOUNT (8 SHOWS)

I am purchasing both the Signature and Ovation Series. Please apply a \$5.00 discount for each 8-show package purchased (One 8-show pkg. = \$5.00 discount. Two 8-show pkgs. = \$10.00 discount, etc.)

STEP 4 · SEASON TICKET DONATION

In addition to the purchase of my season tickets, I wish to support Ocala Civic Theatre with my tax-deductible* donation for the 2011-2012 Season as follows:

Donor Levels

Friend	\$ 25.00+
Sustainer	\$ 50.00+
VIP	\$ 100.00+
Co-Star	\$ 250.00+
Celebrity	\$ 500.00+
Benefactor**	\$ 750.00+
Producer**	\$1,000.00+
Executive Producer**	\$2,500.00+

Donor Benefits

Listing in Signature Series Playbill	\$ _____
Benefit Listed Above	
Plus Preferred Seating	\$ _____
All Benefits Listed Above	
Plus Rehearsal Pass	\$ _____
All Benefits Listed Above	
Plus Early Sale for Additional Tickets	\$ _____
All Benefits Listed Above	
Plus Complimentary Concessions	\$ _____
All Benefits Listed Above	
Plus Concierge Service	\$ _____
All Benefits Listed Above	
Plus Private Backstage Tour and Listing on Donor Board in Lobby	\$ _____
All Benefits Listed Above	
Plus "Trump" Card	\$ _____

**Donations over the cost of a season ticket are tax-deductible within the limits allowed by law.

**Payment options are available for donations in the Benefactor category and above.

STEP 5 · MAILING OPTIONS

All tickets will be mailed to the address listed above on this order form, unless you specify otherwise. If special mailing is needed, please include instructions with order form. Cost of postage is included.

STEP 6 · PAYMENT INFORMATION

I am enclosing payment for the following:

Signature Series Season Tickets - Five Shows (Step 1)

(*Chicago*, *Steel Magnolias*, *Nunsense II*,
A Perfect Wedding, and *Fiddler On The Roof*) \$ _____

Ovation Series Season Tickets - Three Shows (Step 2)

(*The Guys*, *Rumors*, and *Squabbles*) \$ _____

Super 8 Discount (Step 3)

(\$5.00 discount per each 8-Show Package) \$ _____

Season Ticket Donation (Step 4).....(Thank You!) \$ _____

Order Processing Fee (required for all orders) \$ **3.00**

TOTAL ENCLOSED \$ _____

PAYMENT OPTION

Benefactors and Above Only: I would like to arrange a payment schedule. Please contact me.

MATCHMAKER

I work for or am retired from a company which may match my donation. Please contact me.

METHOD OF PAYMENT

Check enclosed in the amount of \$ _____

Charge \$ _____ to my credit card. Visa MasterCard AmEx Discover

Signature _____

Card No. _____ Exp. _____

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