



Join us in supporting live theatre in our community!

Subscribe and/or donate by mail or phone **by September 10, 2019** to reserve your season tickets and, unless otherwise noted, be recognized in our program and on our website this season. Returning patrons have the option to keep last year's seats. First time season ticket holders will get best available.

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email*: _____

* Tickets will be at the door under your last name for each performance. Email reminders will be sent. If you do not list an email, we'll mail you a postcard.

Pick a Day/Time: We will reserve your seats for each ticketed show. If unable to attend your chosen date, please call the box office ASAP. With notice, we should be able to accommodate changes.

2018-2019 Season Ticket Holder. Keep same seats.

Pick a Performance	Performance Dates
<input type="checkbox"/> First Friday @ 7:30 PM	10/18/19; 3/6/20; 5/15/20
<input type="checkbox"/> First Saturday @ 7:30 PM	10/19/19; 3/7/20; 5/16/20
<input type="checkbox"/> Second Friday @ 7:30 PM	10/25/19; 3/13/20; 5/22/20
<input type="checkbox"/> Second Saturday @ 2:00 PM	10/26/19; 3/14/20; 5/23/20

Payment:

Number of season tickets: _____ (\$55 each)

Happy Anniversary TLP! Please accept my/our donation of \$ _____ Total enclosed: _____

Giving Levels:

<input type="checkbox"/> Producer*	\$1000+	
<input type="checkbox"/> Director*	\$500 - \$999	*Donate \$500 or more and receive 2 season tickets.
<input type="checkbox"/> Leading Actor	\$250 - \$499	
<input type="checkbox"/> Supporting Role	\$100 - \$249	
<input type="checkbox"/> Chorus	up to \$99	_____ I wish to remain anonymous.

Check: payable to **The Lancaster Playhouse**

Credit Card #: _____ Exp. Date: _____

Billing Zip Code: _____ CV2 Code: _____

The Lancaster Playhouse ★ P.O. Box 333 ★ Lancaster, Ohio 43130

www.thelancasterplayhouse.org

Box Office: 740-974-6648