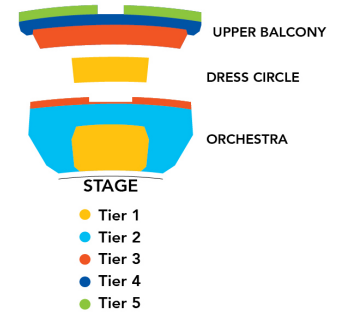




2024-2025 SEASON ORDER FORM

Date Received _____
 Amount Received _____
 Order Number _____
 Check Number _____

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ *email _____



*email must be included to take advantage of advance notification of shows added throughout the season

1 CHOOSE YOUR PREFERRED PERFORMANCE TIME AND TIER

	Quantity	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	TOTAL	
<input type="checkbox"/> Performance 1		\$563	\$416	\$348	\$257	\$174		
<input type="checkbox"/> Performance 2		\$563	\$416	\$348	\$257	\$174		
							TOTAL	\$

Subscription Prices include a \$4 per ticket Patron User Fee.

2 BECOME A FRIEND

I WANT TO BECOME A FRIEND

Become a friend and join other patrons with passion. Experience the theatre beyond the stage with more info and more opportunities. The \$250 donation includes the whole household.

\$250

3 DONATE

Ticket sales generate only a portion of the funds required to keep the Theatre doors open. Your support secures our legacy for future generations.

Annual fund drive contribution **\$**

4 GRAND TOTAL AND PAYMENT

Pay by Check in full Payable to: The Capitol Theatre **GRAND TOTAL** **\$**

Pay by Card in full AMEX Discover MasterCard Visa

Name on Card _____

Card # _____

Expiration Date _____ Security Code _____

3 Installment payment plan - one per month, only available by credit card

\$15 processing fee (\$5 per month) charged the 15th of each month.

*All payments must be processed by Sept 15th to receive tickets before the first performance.

For questions or changes call 509-853-ARTS or email us at boxoffice@capitoltheatre.org.

Subscribers receive exchange privileges.

All exchange requests will be addressed after July 31st

Notes: _____

2024-2025 CAPITOL BEST SERIES



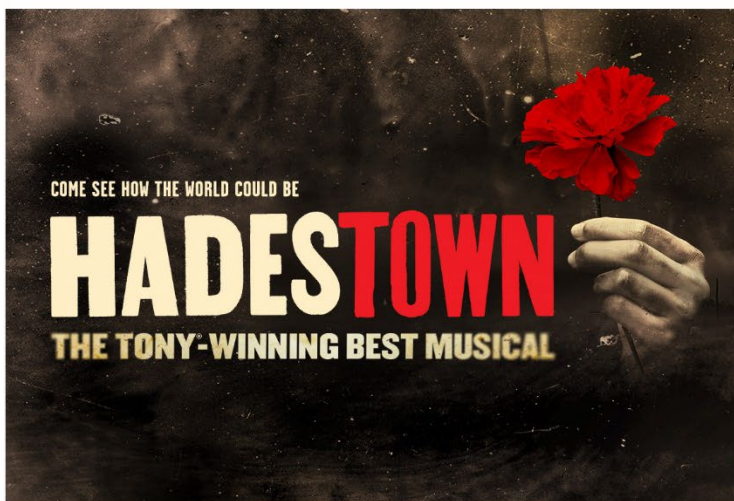
OCTOBER 15&16, 2024



NOVEMBER 12&13, 2024



DECEMBER 12&13, 2024



DECEMBER 19&20, 2024



FEBRUARY 26&27, 2025



JUNE 2&3, 2025