

1 YOUR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

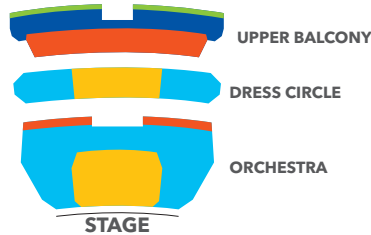
Phone _____ *E-mail _____

**To receive advance notification about shows added throughout the season email must be included.*

2 I WANT THE BEST SERIES

Please choose performance **1** or **2**

I require accessible seating
or I require wheelchair space



- Tier 1 _____ x \$395 = \$ _____
- Tier 2 _____ x \$280 = \$ _____
- Tier 3 _____ x \$195 = \$ _____
- Tier 4 _____ x \$120 = \$ _____
- Tier 5 _____ x \$ 60 = \$ _____

BEST SERIES TOTAL \$ _____

3 CAPITOL BEST SINGLE PERFORMANCE ADD-ONS

**BUY ALL THREE AND
SAVE UP TO 25%**

(Best Series Subscribers only)

- Tier 1 _____ x \$141 = \$ _____
- Tier 2 _____ x \$117 = \$ _____
- Tier 3 _____ x \$ 86 = \$ _____
- Tier 4 _____ x \$ 55 = \$ _____
- Tier 5 _____ x \$ 36 = \$ _____

**I WANT JUST A
COUPLE SHOWS**

	Soweto Gospel Choir	REDITUM	Cinderella
● Tier 1	_____ x \$49	_____ x \$49	_____ x \$ 79 = \$ _____
● Tier 2	_____ x \$39	_____ x \$39	_____ x \$ 69 = \$ _____
● Tier 3	_____ x \$29	_____ x \$29	_____ x \$ 49 = \$ _____
● Tier 4	_____ x \$19	_____ x \$19	_____ x \$ 29 = \$ _____
● Tier 5	_____ x \$12	_____ x \$12	_____ x \$ 12 = \$ _____

ADD-ON TOTAL \$ _____

4 ADD CT CLUB

Relax before the show in the "Members Only" **CT CLUB** (drinks & appetizers available).
Included FREE with a Tier 1 Best Subscription.

CT CLUB \$100 \$ _____

5 TAX DEDUCTIBLE DONATION

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

DONATION \$ _____

6 GRAND TOTAL & PAYMENT

PAY BY CHECK

Payable to:

The Capitol Theatre

PAY BY CARD AMEX Discover MasterCard Visa

Name on Card _____

Card # _____

Expiration Date _____ Security Code _____

GRAND TOTAL \$ _____

NOTES: _____

