

1 YOUR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

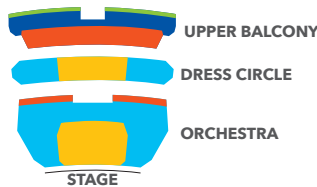
Phone _____ *E-mail _____

**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



- Tier 1 _____ x \$345 = \$ _____
- Tier 2 _____ x \$255 = \$ _____
- Tier 3 _____ x \$165 = \$ _____
- Tier 4 _____ x \$ 80 = \$ _____
- Tier 5 _____ x \$ 45 = \$ _____

3 ADDITIONAL SERIES SUBSCRIPTIONS

- Add **Capitol Edge Series** (At the 4th Street Theatre)
 - General Admission **Table** - Mature Audience _____ x \$ 99 = \$ _____
 - General Admission **Bleacher** - Mature Audience _____ x \$ 89 = \$ _____
- Add **Capitol Concerts Series**
 - General Admission - All Ages _____ x \$ 89 = \$ _____
- Add **Capitol Family Series**
 - General Admission - Adult _____ x \$ 48 = \$ _____
 - General Admission - Student _____ x \$ 24 = \$ _____
- I want it **ALL** (The Best - Tier 1, Edge - Table, Concerts, and Family Series - Adult) _____ x \$579 = \$ _____

4 ADD CT CLUB

Relax before the show in the "Members Only" **CT CLUB** (drinks & appetizers available). _____ x \$100 = \$ _____
Included FREE with Tier 1.

5 TAX DEDUCTIBLE DONATION & PAYMENT TOTAL

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 \$ _____
GRAND TOTAL \$ _____

6 CHOOSE YOUR METHOD OF PAYMENT

PAY BY CHECK

Check
 Make checks payable to:
The Capitol Theatre

PAY BY CARD

Discover MasterCard Visa
 Card # _____
 Name on Card _____
 Expiration Date _____ Security Code _____

INSTALLMENT PLAN (Optional)

20% down payment (enclosed) and 4 monthly installments beginning 9/1/17
 Send me a statement **or**
 Charge my credit card

NOTES: _____

