

1 YOUR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

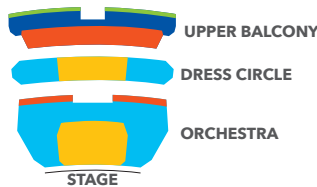
Phone _____ *E-mail _____

**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/Child _____ 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)

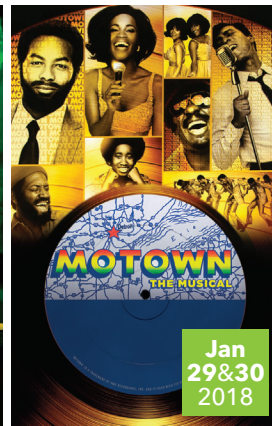
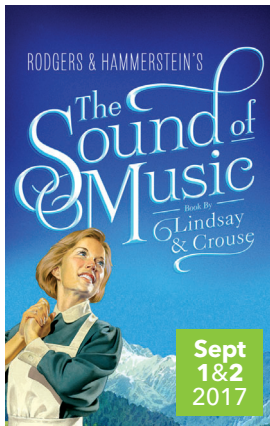
20% down payment (enclosed) and 4 monthly installments beginning 9/1/17

Send me a statement or

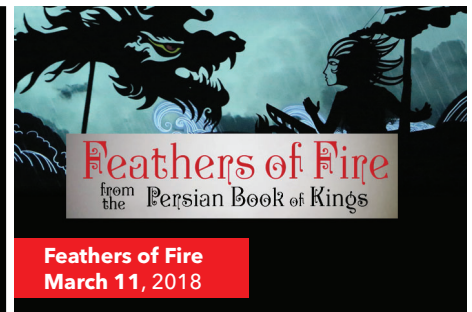
Charge my credit card

NOTES:

CAPITOL BEST SERIES



CAPITOL FAMILY SERIES



CAPITOL CONCERTS SERIES



CAPITOL EDGE SERIES (4TH STREET THEATRE - MATURE AUDIENCE)

