

# 2017-2018 SEASON TICKET ORDER FORM

Please select the number of season tickets you would like below. To join SCT's Patron/Sponsor Program for a tax-deductible donation, choose among the levels of giving below.

**Regular Season Ticket** (\$50, includes the four season shows)

**Upgraded Ticket** (\$60, includes four season shows and season extra)

**Student Season Ticket** (\$25, includes the four season shows)

**Student Upgraded Ticket** (\$30, includes season shows and season extra)

I would like \_\_\_\_\_ of regular season tickets at \$50 each ..... \$ \_\_\_\_\_

I would like \_\_\_\_\_ of upgraded season tickets at \$60 each .... \$ \_\_\_\_\_

I would like \_\_\_\_\_ of student tickets at \$25 each ..... \$ \_\_\_\_\_

I would like \_\_\_\_\_ of student upgraded tickets at \$30 each ... \$ \_\_\_\_\_

## Patron/Sponsor Program

I wish to become a Patron/Sponsor of SCT: (please select your preferred level)

\_\_\_\_\_ Patron (\$100-\$499)

\_\_\_\_\_ Silver Patron (\$500-\$999)

\_\_\_\_\_ Gold Patron (\$1,000-\$1,499)

\_\_\_\_\_ Platinum Patron (\$1,500-\$1,999)

\_\_\_\_\_ Season Sponsor (\$2,000+)

\_\_\_\_\_ **Total** (Season Ticket and Patron/Sponsor)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Method of Payment (check one):

\_\_\_\_\_ Check enclosed in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Bill credit card \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Am Express

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

How would you prefer to receive reservation reminders?

\_\_\_\_\_ by postcard in the physical mail or \_\_\_\_\_ by email

Mail to: Starkville Community Theatre, P.O. Box 1254, Starkville, MS 39760