



2019-20 SEASON TICKET ORDER FORM

1 Complete Contact Info:

Name: _____
 Address: _____

 Phone: _____
 Email: _____

2 Select Season Ticket Options:

_____ RENEWAL/TICKETS THE SAME (Go to step 3)
 _____ NEW ORDER OR RENEWAL WITH CHANGES:
 Subscription (Choose Flex **OR** a Reserved Day/Time Below):
 Flex Tickets (5 vouchers redeemable in any order/combination)
 Week 1: Fri. 7:30pm | Sat. 7:30pm | Sun. 2pm
 Week 2: Wed. 2pm | Thurs. 7:30pm | Fri. 7:30pm |
 Sat. 2pm | Sun. 2pm
 Seat Location Request: _____

Contribution Levels

NEW - SUPER STARS (\$10,000+)
 Producer benefits *PLUS* signature season sponsor ☆
NEW - DIVAS (\$5,000+)
 Producer benefits *PLUS* signature sponsor of 2 shows ☆
NEW - EXECUTIVE PRODUCERS (\$2,500+)
 Producer benefits *PLUS* signature sponsor of 1 show ☆
PRODUCER'S CIRCLE (\$1,000+)
 Director benefits *PLUS* two (2) additional season subscriptions (total of 4) ☆
DIRECTOR'S CIRCLE (\$500+)
 Designer benefits *PLUS* Recognition in lobby *and* two (2) season subscriptions ☆
DESIGNER'S CIRCLE (\$250+)
 Star benefits *PLUS* two (2) guest passes to 1 performance
STARS (\$100+)
 Ensemble benefits *PLUS* full Marquee Room privileges*
ENSEMBLE (\$25+)
 Recognition in all 2019-20 mainstage playbills

3 Choose Ticket Delivery Option: US Mail | Print-At-Home | Mobile | Will Call

4 Add Up Items in Your Order & Calculate Total

	Price Ea.	Number	Subtotal
A. Tax-deductible gift to support Theatre Tuscaloosa (See contribution levels top right)			
Please acknowledge me as: _____			\$ _____
B. Subscriptions			
Adult	\$85	x _____	= \$ _____
<input type="checkbox"/> Senior (60+), <input type="checkbox"/> SSCC Employee, or <input type="checkbox"/> Military	\$75	x _____	= \$ _____
Student/Child	\$61	x _____	= \$ _____
☆Contributor Benefit Subs (See Contribution Levels Top Right)	\$0	x _____	= \$ _____
C. Optional Add-On:			
SecondStage Season Tickets (7:30pm or as noted)	\$14	x _____	= \$ _____
Choose: <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. (2pm)			
D. Add Per Order Processing Fee (Remove for Director's Level and Higher Contributions)			+ \$ _____ 5.00
E. Grand Total Due (add subtotals from above)			\$ _____

5 Select Method of Payment:

_____ Check payable to Theatre Tuscaloosa
 _____ Credit Card (AMEX, Discover, MasterCard, Visa)**
 Number: _____ Exp: _____ CVV: _____
 Signature: _____ Date: _____

_____ Shelton State Payroll Deduction:
 Paid over _____ months starting Sept. 2019

6 Return form & payment to:

Thank you! Questions?
 205.391.2277

Theatre Tuscaloosa
 9500 Old Greensboro Rd #135
 Tuscaloosa, AL 35405

Fax: 205.391.2329
 E-mail: tickets@theatretusc.com

*Please Note: The Marquee Room will continue to be offered only on opening weekends in 2019-20.
 ** For security reasons, we do not keep credit card information on file.

Patron ID: _____