

Department of Theatre 2019/2020 Season Subscription Packages Order Form



Payment Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

I wish to purchase tickets as indicated below:

- Package A: Riverside Series \$96 Quantity _____ = \$ _____
- Package B: Family Series (adult) \$32 Quantity _____ = \$ _____
- Package B: Family Series (child) \$16 Quantity _____ = \$ _____
- Package C: Flex Pass \$96 Quantity _____ = \$ _____

Total payment amount for my tickets \$ _____

Donation to Riverside Theatre Society \$ _____

Select a day: Thursday Friday Saturday Sunday Indicate your seating preference: _____

Check for \$ _____ is made payable to CSU Department of Theatre.

I authorize the purchase of \$ _____ to my credit card.

Credit card payment (circle one): Amex Visa MC Discover Card Security Code: _____ Card Expiration (MM/YYYY): _____/_____

Cardholder's Name: _____

Credit Card Number: _____

Signature: _____

Department of Theatre | 4225 University Ave | Columbus, GA 31907 | 706-507-8444

Package A: Riverside Series | Season Tickets \$96

- *Don't Dress for Dinner (Dinner Theatre)*
- *Legally Blonde*
- *Peter and the Starcatcher*
- *The Importance of Being Earnest*
- *Milk Like Sugar*
- *Cabaret*

**Package B: Family Series | Season Tickets \$32
Children (12 and under) \$16**

- *Corduroy*
- *Charlotte's Web*
- *Jingle ARRGH the Way! A "How I Became a Pirate" Christmas Adventure*
- *Freckleface Strawberry*

Package C: Flex Pass \$96

Create your own package of six tickets to any combination of shows.