

2010 ORDER FORM

Fill out form **completely**. Incomplete orders result in delayed processing.

- ☛ To order season subscriptions only, fill in Sections 1, 3 and 4.
- ☛ To order season subscriptions plus additional general tickets, fill in Sections 1, 2, 3 and 4.
- ☛ To order general tickets only, fill in Sections 2, 3 and 4.
- ☛ To Orders cannot be processed without dates.

FOR OFFICE USE ONLY	
Date	_____
SSA	_____
SSW	_____
SSS	_____
PS	_____
GC	_____
FP	_____

1 SEASON SUBSCRIPTION ORDER FORM Please check above for show days and dates.

- Anytime Subscription (5 shows for \$124) Sunday Only Subscription (5 shows for \$100)
 Weeknight Subscription (5 shows for \$108) Flex-Pass (3 shows for \$80)

Show	First Choice			Alternate Choice			Dinner/Brunch Reservation*
	Day	Date	Time	Day	Date	Time	
Tuna							<input type="checkbox"/> yes <input type="checkbox"/> no
Whodunit							<input type="checkbox"/> yes <input type="checkbox"/> no
Love You							<input type="checkbox"/> yes <input type="checkbox"/> no
Riffin'							<input type="checkbox"/> yes <input type="checkbox"/> no
Wizard							<input type="checkbox"/> yes <input type="checkbox"/> no

* For dinner/brunch reservations only. If undecided, leave blank and call later for reservations.

Please list on a separate piece of paper the names of others sharing this season subscription.

Be sure there is a performance on your requested date?	Anytime Subscription	# Season Subscriptions _____ @ \$124 =	\$ _____
	Weeknight Subscription	# Season Subscriptions _____ @ \$108 =	\$ _____
	Sunday Only Subscription	# Season Subscriptions _____ @ \$100 =	\$ _____
	Flex-Pass	# Flex-Passes _____ @ \$80 =	\$ _____
■ Flex-Pass must be used for 3 different shows. ■ Regular ticketing policies apply.			SUBTOTAL \$ _____

2 GENERAL TICKET ORDER FORM Please check above for show days and dates.

Choose your dates (order cannot be processed without dates).

Save handling fee... pay by check.

Show	Day	First Choice Date	Time	Day	Alternate Choice Date	Time	Dinner/Brunch Reservation*	# of Tckts.	Ticket Price (see chart)	Total \$
Tuna							<input type="checkbox"/> yes <input type="checkbox"/> no			
Whodunit							<input type="checkbox"/> yes <input type="checkbox"/> no			
Love You							<input type="checkbox"/> yes <input type="checkbox"/> no			
Riffin'							<input type="checkbox"/> yes <input type="checkbox"/> no			
Wizard							<input type="checkbox"/> yes <input type="checkbox"/> no			

General Ticket Prices

	Red, White & Tuna	Whodunit	I Love You...	Riffin' & Tappin'	The Wizard
Previews	\$19	\$19	\$19	\$19	\$19
Sun. Evening	\$21	\$21	\$21	\$21	\$21
Sun. Matinee	\$27	\$27	\$27	\$27	\$27
Weeknight	\$27 \$29	\$27 \$29	\$28 \$30	\$27 \$29	\$27 \$29
Fri./Sat. Eve.	\$31 \$33	\$31 \$33	\$32 \$34	\$31 \$33	\$31 \$33

Add handling fee	\$ 3.00
TOTAL GENERAL TICKETS	\$ _____
TOTAL AMOUNT ENCLOSED	\$ _____

3 SEATING INFO

Seating section preference (see Seating Diagram at left):

WE **CANNOT** GUARANTEE SPECIFIC TABLE REQUESTS.

Wheelchair/handicap access

4 PAYMENT INFORMATION PLEASE PRINT

MUST BE FILLED OUT

Check enclosed (one check only made out to OCT) Your OCT acct. # _____
 Bill my: VISA MasterCard Discover
 # _____ - _____ - _____ Exp. Date ____ / ____ Phone (daytime) (____) _____
 Name _____ Phone (evening) (____) _____
 Address _____ Phone (cell) (____) _____
 City _____ State _____ Zip _____
 e-mail _____ Yes, send me a periodic Cabaret e-newsletter

☛ Please mail this form to: Oregon Cabaret Theatre, P.O. Box 1149, Ashland, OR 97520 or fax to (541) 488-8795

Gift Certificate Information

Gift Certificates are available in any denomination. Amount of gift certificate \$ _____

TO: Name _____ OCT acct. # _____
 Address _____
 City _____ State _____ Zip _____
 Phone (day) _____ (eve) _____

FROM: Name _____ OCT acct. # _____
 Address _____
 City _____ State _____ Zip _____
 Phone (day) _____ (eve) _____

Check Mail to recipient's address Mail to giver's address
One: Picked up at time of purchase

Credit Card No. _____
Exp. Date _____ / _____
MONTH YEAR